

# 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 09 01 2007 through 09 30 2007

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 William Yeo

Signature of Treasurer Electronically Filed by William Yeo Date 10 16 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		516385.99
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	527690.19									
(c) Total Receipts (from Line 19) .....	73151.90	555450.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	600842.09	1071836.31								
7. Total Disbursements (from Line 31) .....	48790.27	519784.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	552051.82	552051.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	32098.00	253767.00
(i) Itemized (use Schedule A) .....	39298.09	283401.26
(ii) Unitemized .....	71396.09	537168.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	71396.09	537168.26
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1755.81	17282.06
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)) .....	73151.90	555450.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	73151.90	555450.32

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	290.27	149913.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	290.27	149913.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	364074.05
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	319.00
(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	319.00
29. Other Disbursements.....	0.00	5477.87
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))..	48790.27	519784.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	48790.27	519784.49

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	71396.09	537168.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	319.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	71396.09	536849.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	290.27	149913.57
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	290.27	149913.57

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 54
	<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) Frank T Maziarski		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007	
Mailing Address 2328 North 186th Street		Transaction ID: 26698049	
City Shoreline	State WA	Amount of Each Receipt this Period 200.00	
Zip Code 98133-4200			
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 ▼ 375.00		

B. Full Name (Last, First, Middle Initial) LaRayne L Oltz		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007	
Mailing Address 111 Golf Dr PO Box 5450		Transaction ID: 26698053	
City Whitefish	State MT	Amount of Each Receipt this Period 100.00	
Zip Code 59937-3274			
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 ▼ 350.00		

C. Full Name (Last, First, Middle Initial) Ann J Rogers		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2007	
Mailing Address 34212 S Hoch Rd		Transaction ID: 26698055	
City Lebo	State KS	Amount of Each Receipt this Period 100.00	
Zip Code 66856-9801			
FEC ID number of contributing federal political committee. C			
Name of Employer Emporia Anesthesia Associates, PA	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Tafford E Oltz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2007	
Mailing Address 111 Golf Drive PO Box 5450		<b>Transaction ID:</b> 26698056	
City Whitefish	State MT	Amount of Each Receipt this Period 100.00	
Zip Code 59937-3274			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pondera Medical Center	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>B.</b> Harvey R Shadbolt		Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2007	
Mailing Address 18 Didrickson Ln		<b>Transaction ID:</b> 26698063	
City Amarillo	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 79124-1706			
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James L Lowry		Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2007	
Mailing Address 138 Longview Heights		<b>Transaction ID:</b> 26698065	
City Athens	State OH	Amount of Each Receipt this Period 200.00	
Zip Code 45701-3339			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation C. R. N. A.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 54
	<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)  
Lissa D Collins

Mailing Address 6565 Salem Rd

City State Zip Code  
Cincinnati OH 45230-2854

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

Name of Employer Occupation  
The Christ Hospital CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2007

**Transaction ID:** 26698104

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Trisha Ellen Killiany

Mailing Address 3702 S Fife St 174

City State Zip Code  
Tacoma WA 98409-7374

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

Name of Employer Occupation  
Self CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2007

**Transaction ID:** 26698107

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mark A Kamke

Mailing Address 391 Hanging Oak Rd

City State Zip Code  
Prosperity SC 29127-9163

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

Name of Employer Occupation  
Self CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2007

**Transaction ID:** 26698111

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 54
	<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)  
Jim F Peyton

Mailing Address 11184 Antioch Rd PMB 327

City State Zip Code  
Overland Park KS 66210-2420

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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 04 / 2007

**Transaction ID:** 26698112

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
Donald Richard Boyd, Jr

Mailing Address 690 Academy St Apt 4G

City State Zip Code  
New York NY 10034-4215

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

Name of Employer Columbia University 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  
09 / 05 / 2007

**Transaction ID:** 26698150

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
John E Docter

Mailing Address 1750 Mirro Drive

City State Zip Code  
Manitowoc WI 54220-6712

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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** 26698152

Amount of Each Receipt this Period  
200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A. Dominick P Palmisano, Jr</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007	
Mailing Address PO Box 398		<b>Transaction ID: 26698160</b>	
City State Zip Code Tahlequah OK 74465-0398	Amount of Each Receipt this Period 50.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Randall J Ryan, Sr</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007	
Mailing Address 688 Glenway Drive		<b>Transaction ID: 26698161</b>	
City State Zip Code Hamilton OH 45013-3560	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Queen City Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C. Dana L Benson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007	
Mailing Address 1501 W Church St Suite 700 PMB 115		<b>Transaction ID: 26698175</b>	
City State Zip Code Livingston TX 77351-0056	Amount of Each Receipt this Period 300.00		
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 ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 54
	<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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American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Russell T Beavers		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007
Mailing Address 24 Glasgow Ct		<b>Transaction ID:</b> 26698176
City State Zip Code Little Rock AR 72211-2170	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Jefferson Anesthesia Asso- c.	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kay K Keller Sanders		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007
Mailing Address 9994 Boat Club Road		<b>Transaction ID:</b> 26698180
City State Zip Code Ft Worth TX 76179-4004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer TCU School of Nurst Anest- hesia	Occupation CRNA - Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Shelley L Ekblad		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007
Mailing Address 3610 Parkside Circle E		<b>Transaction ID:</b> 26698189
City State Zip Code Eau Claire WI 54701-7193	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Francis School of Anes- thesia	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 54
	(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)

Full Name (Last, First, Middle Initial) <b>A. Marcia A Zuzul</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007	
Mailing Address 304 Brierwood Road		<b>Transaction ID: 26698194</b>	
City Statesville	State NC	Zip Code 28677-4126	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rowan Regional Medial Cen- ter	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. Peter D Strube</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2007	
Mailing Address 908 Vista Ridge Drive		<b>Transaction ID: 26698204</b>	
City Mount Horeb	State WI	Zip Code 53572-2350	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Wisconsin	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Debra Holtz</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 837 Michele Circle		<b>Transaction ID: 26698211</b>	
City Dunedin	State FL	Zip Code 34698-6131	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ANESTHESIA ASSOC & DUNEDI	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Ernest Ott, Jr Mailing Address 2011 Jamestown Dr City State Zip Code Jonesboro AR 72404-9193 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007 <b>Transaction ID: 26698221</b> Amount of Each Receipt this Period 100.00
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Iva D Fontenot Mailing Address 2803 Santa Lydia City State Zip Code Mission TX 78572-7676 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007 <b>Transaction ID: 26698230</b> Amount of Each Receipt this Period 50.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Nancy F Beck Mailing Address 212 NW 4th Street City State Zip Code Beulah ND 58523-6538 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007 <b>Transaction ID: 26698255</b> Amount of Each Receipt this Period 100.00
Name of Employer Sakakawea Medical Center Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Brenda G Soileau		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 1803 Thistlecreek Court		<b>Transaction ID:</b> 26698257	
City State Zip Code Fresno TX 77545-9562	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jackie S Rowles		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 13896 Salsbury Creek Dr		<b>Transaction ID:</b> 26698260	
City State Zip Code Carmel IN 46032-8538	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Indianapolis Neurosurgical Group	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David M Datwyler		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 120 Nob Hill Road		<b>Transaction ID:</b> 26698261	
City State Zip Code Spartanburg SC 29307-3509	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> John D Fitz		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 205 Mockingbird Road		<b>Transaction ID:</b> 26698273	
City State Zip Code Lawton OK 73507-1608		Amount of Each Receipt this Period 100.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Norma H Landis		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 2122 Erickman Lane		<b>Transaction ID:</b> 26698277	
City State Zip Code Xenia OH 45385-8918		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer ANS INC Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Anita S Kush		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 128 Foxcroft Road		<b>Transaction ID:</b> 26698280	
City State Zip Code Suffolk VA 23435-1472		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Portsmouth Anesthesia Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 54
	(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)

<b>A.</b> Full Name (Last, First, Middle Initial) Kimmerle Miller-Leonard Mailing Address 3275 E Euclid Rd City State Zip Code Mabton WA 98935-9768 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007 <b>Transaction ID: 26698288</b> Amount of Each Receipt this Period 300.00
Name of Employer Occupation Virginia Mason Medical Center CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth J Strickland Mailing Address 126 E Wing Street Suite 182 City State Zip Code Arlington Heights IL 60004-6064 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007 <b>Transaction ID: 26698290</b> Amount of Each Receipt this Period 100.00
Name of Employer Occupation Ideal Anesthesia Services CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Brenda S Kutterer Mailing Address 8712 NW 83rd St City State Zip Code Kansas City MO 64152-4181 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007 <b>Transaction ID: 26698299</b> Amount of Each Receipt this Period 600.00
Name of Employer Occupation Truman Medical Center CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1100.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 54
	(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)

Full Name (Last, First, Middle Initial) <b>A. Brian J Bauhs</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 300 E 33rd St Apt 10L		<b>Transaction ID: 26698300</b>	
City State Zip Code New York NY 10016-9413		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Northeastern Medical Center		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Johanna C Deuker</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2007	
Mailing Address 2354 Middlecroft Drive		<b>Transaction ID: 26698303</b>	
City State Zip Code Burton MI 48509-1368		Amount of Each Receipt this Period 50.00	
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Linda V Huber</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2007	
Mailing Address 6676 Channel Road		<b>Transaction ID: 26698306</b>	
City State Zip Code Fridley MN 55432-4655		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Regince Hospital		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 54
	<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)  
Sandy L Davis

Mailing Address 3201 Eppinette Court

City State Zip Code  
Gastonia NC 28056-8871

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

Name of Employer Occupation  
Dr. Thos McNiff CRNA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

**Transaction ID: 26698311**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Lucille Y Osaki

Mailing Address 223 N Guadalupe St PMB 123

City State Zip Code  
Santa Fe NM 87501-1850

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

Name of Employer Occupation  
AHP CRNA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

**Transaction ID: 26698315**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Katherine M Bennett-Roll

Mailing Address 3688 Number Nine Road

City State Zip Code  
Geneva NY 14456-9109

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) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

**Transaction ID: 26698318**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 / 54
<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Jana F Bailey Mailing Address 778 Skyline Dr City State Zip Code Taylorsville KY 40071-9242 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2007 <b>Transaction ID:</b> 26698321 Amount of Each Receipt this Period 1525.00
Name of Employer Logan Regional Medical Center Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2525.00

Full Name (Last, First, Middle Initial) <b>B.</b> Rebecca M Cecala Mailing Address 315 N Norwinden Dr City State Zip Code Springfield PA 19064-1907 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2007 <b>Transaction ID:</b> 26698323 Amount of Each Receipt this Period 200.00
Name of Employer St. Francis Pain Center Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00

Full Name (Last, First, Middle Initial) <b>C.</b> Patty J Cornwell Mailing Address 3626 West End Avenue #202 City State Zip Code Nashville TN 37205-2476 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007 <b>Transaction ID:</b> 26698330 Amount of Each Receipt this Period 375.00
Name of Employer Anesthesia Medical Group Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Gary D Clark		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address PO Box 190017		<b>Transaction ID:</b> 26698331	
City State Zip Code Saint Louis MO 63119-6017	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Webster University	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1345.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Denise Martin-Sheridan		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address PO Box 739 1128 Leesome Lane		<b>Transaction ID:</b> 26698333	
City State Zip Code Altamont NY 12009-0739	Amount of Each Receipt this Period 143.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Albany Medical College	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John Silvy		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 14109 Brangus Rd		<b>Transaction ID:</b> 26698334	
City State Zip Code Shawnee OK 74804-3335	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Seminole Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	353.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Tom L McKibban		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 1819 Terrace Drive		<b>Transaction ID:</b> 26698335
City El Dorado	State KS	Amount of Each Receipt this Period 1000.00
Zip Code 67042-4057	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Butler County Anesthesia Services	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dennis Ray Dodd		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address PO Box 571		<b>Transaction ID:</b> 26698336
City Altus	State OK	Amount of Each Receipt this Period 45.00
Zip Code 73522-0571	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 405.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jane A Skelton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address PO Box 845		<b>Transaction ID:</b> 26698338
City Salida	State CO	Amount of Each Receipt this Period 200.00
Zip Code 81201-0845	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1245.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 54
	(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)

Full Name (Last, First, Middle Initial) <b>A. Cindy R Black</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 620 Guy Walker Way		<b>Transaction ID: 26698341</b>	
City State Zip Code Durham NC 27703-3793	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Duke University Health Systems	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. Daniel Greenwald</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 11094 2nd Street		<b>Transaction ID: 26698342</b>	
City State Zip Code Mount Vernon WA 98273-7210	Amount of Each Receipt this Period 50.00		
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		

Full Name (Last, First, Middle Initial) <b>C. Sandi Peters</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address PO Box 729		<b>Transaction ID: 26698343</b>	
City State Zip Code Llano TX 78643-0729	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hill Country Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Daniel B Jones		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 5615 Meadow Drive		<b>Transaction ID:</b> 26698346	
City Orefield	State PA	Amount of Each Receipt this Period 50.00	
Zip Code 18069-9046			
FEC ID number of contributing federal political committee. C			
Name of Employer Reading 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) <b>B.</b> Steven C Hendrickson		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 10344 Mississippi Blvd NW		<b>Transaction ID:</b> 26698347	
City Coon Rapids	State MN	Amount of Each Receipt this Period 250.00	
Zip Code 55433-4521			
FEC ID number of contributing federal political committee. C			
Name of Employer Progressive Anesthesia Services, Inc.	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Debbie W Feemster		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 1191 Hieatt Ln		<b>Transaction ID:</b> 26698348	
City Smithfield	State KY	Amount of Each Receipt this Period 100.00	
Zip Code 40068-7900			
FEC ID number of contributing federal political committee. C			
Name of Employer Greater Louisville Anesthesia Services	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3150.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 54
	(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)

Full Name (Last, First, Middle Initial) <b>A.</b> Mark T Cappello		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 1511 W Ardmore Apt 1		<b>Transaction ID:</b> 26698350	
City State Zip Code Chicago IL 60660-4218	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 625.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jon W Buggs		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 1037 N 14th St		<b>Transaction ID:</b> 26698352	
City State Zip Code Manitowoc WI 54220-3234	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Holy Family Memorial	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Paul W Santoro		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address Ambulatory Surgery Consultant 30200 Telegraph Rd Ste 220		<b>Transaction ID:</b> 26698353	
City State Zip Code Bingham Farms MI 48025-4506	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ambulatory Surgery Consultants	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Suzanne M Dufek</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 835 Karau Lane		<b>Transaction ID: 26698354</b>	
City State Zip Code Cape Girardeau MO 63701-4407	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Anesthesia Associates of Cape	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00		

Full Name (Last, First, Middle Initial) <b>B. Van E Simpson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 4175 Browning Drive		<b>Transaction ID: 26698355</b>	
City State Zip Code St Joseph MI 49085-9531	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Sunset coast Anesth. Assoc	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Garalynn V Tomas</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 32540 Oakhurst Drive		<b>Transaction ID: 26698356</b>	
City State Zip Code North Ridgeville OH 44039-2374	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GVT Medical Service Consultants, Inc.	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A. Sharon E Lyden</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 6820 Savannah Lane		<b>Transaction ID: 26698357</b>	
City State Zip Code Fort Worth TX 76132-3730	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer City View Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Tonia B Norris</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 4100 Woodmont Park Ln		<b>Transaction ID: 26698359</b>	
City State Zip Code Louisville KY 40245-8452	Amount of Each Receipt this Period 1525.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kleinert, Kutz, & Assoc.	Occupation Staff CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00		

Full Name (Last, First, Middle Initial) <b>C. Mary A Golinski</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 4457 Gaylord		<b>Transaction ID: 26698360</b>	
City State Zip Code Troy MI 48098-4458	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 875.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1875.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 54
	<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)  
Linda J Kovitch

Mailing Address 78 North Road

City State Zip Code  
Bedford MA 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  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** 26698361

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6484 Promontory Dr

City State Zip Code  
Eden Prairie MN 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 ▼ 1675.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** 26698364

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth C Koop

Mailing Address 2001 N Adams Street #1004

City State Zip Code  
Arlington VA 22201-3752

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

Name of Employer Dental Anesthesia Assoc Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

**Transaction ID:** 26698365

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	425.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> John F Hanlon, Jr		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 16 Towhee Drive		Transaction ID: 26698368	
City Hudson	State NH	Zip Code 03051-3339	Amount of Each Receipt this Period 200.00
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 ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Karen L Pope		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 2809 Dahlgreen Rd		Transaction ID: 26698369	
City Raleigh	State NC	Zip Code 27615-4082	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Critical health Systems of NC	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Delphos E Price, Jr		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 2622 Bardell Dr		Transaction ID: 26698370	
City Wilmington	State DE	Zip Code 19808-3025	Amount of Each Receipt this Period 150.00
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 ▼ 850.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A. Duane A Smith</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 6000 Stony Brook Dr		<b>Transaction ID: 26698372</b>	
City State Zip Code Manhattan KS 66503-9169	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1095.00		

Full Name (Last, First, Middle Initial) <b>B. Angela R Mund</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 2536 Tournament Players Cir N		<b>Transaction ID: 26698373</b>	
City State Zip Code Blaine MN 55449-5667	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 2325.00		

Full Name (Last, First, Middle Initial) <b>C. Steven J Mund</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 2536 Tournament Players Cir N		<b>Transaction ID: 26698374</b>	
City State Zip Code Blaine MN 55449-5667	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1960.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A. Brian C Neal</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 110 Wild Orchid		<b>Transaction ID: 26698375</b>	
City State Zip Code Harlingen TX 78552-6503	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Longhorn Anesthesia LTD	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B. Sheryl R Sietsema</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 24929 407th Ave		<b>Transaction ID: 26698376</b>	
City State Zip Code Mitchell SD 57301-5202	Amount of Each Receipt this Period 525.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Avera Queen of Peace Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) <b>C. Lisa M Farry</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 1600 Granby St Apt 130		<b>Transaction ID: 26698377</b>	
City State Zip Code Norfolk VA 23510-2610	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer great lakes anesthesia, pc	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1610.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph G Stowell		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 941 6th Ave Drive NW		<b>Transaction ID:</b> 26698378	
City State Zip Code Hickory NC 28601-3403	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 1345.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dianna M Heikkila		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 12287 W La Grange St		<b>Transaction ID:</b> 26698380	
City State Zip Code Boise ID 83709-8127	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Anesthesia Associates of Boise Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Gerald S Laird		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 65 Enfield Rd		<b>Transaction ID:</b> 26698403	
City State Zip Code Lincoln ME 04457-1171	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Gayle M Crabtree-Pergoli</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 2476 Winthrop Court		<b>Transaction ID: 26698407</b>	
City State Zip Code Mendota Heights MN 55120-1707	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Minneapolis VA Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. Barbara A Torgerson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 9420 S 46th St		<b>Transaction ID: 26698408</b>	
City State Zip Code Franklin WI 53132-9272	Amount of Each Receipt this Period 100.00		
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 ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. John F Mueller, II</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 3714 Glin Circle		<b>Transaction ID: 26698411</b>	
City State Zip Code Tallahassee FL 32309-3317	Amount of Each Receipt this Period 5.00		
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 ▼ 205.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	205.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A. Judith A Davenport</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 1080 Madeline Street		<b>Transaction ID: 26698416</b>	
City State Zip Code New Braunfels TX 78132-4723	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Agarita Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Maria G Davis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 3350 S Prairie Ave		<b>Transaction ID: 26698420</b>	
City State Zip Code Chicago IL 60616-3920	Amount of Each Receipt this Period 205.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Chicago Hos- pital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

Full Name (Last, First, Middle Initial) <b>C. Misty D Rushing</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 1323 S Center St		<b>Transaction ID: 26698428</b>	
City State Zip Code Redlands CA 92373-7004	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Loma Linda University	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1705.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Janis M Hammack Mays		Date of Receipt MM / DD / YYYY 09 / 18 / 2007
Mailing Address PO Box 400		<b>Transaction ID:</b> 26698440
City Frisco	State TX	Zip Code 75034-0400
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer Pet Medical Center	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Marc J Grenier		Date of Receipt MM / DD / YYYY 09 / 18 / 2007
Mailing Address 1108 Mobley Walk Court		<b>Transaction ID:</b> 26698444
City Columbus	State GA	Zip Code 31904-3256
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer Ansol Anesthesia	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Larry W Finley		Date of Receipt MM / DD / YYYY 09 / 18 / 2007
Mailing Address 1409 N 9th Street		<b>Transaction ID:</b> 26698447
City O' Neill	State NE	Zip Code 68763-1161
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00	
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 ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 54						
	(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

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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) <b>A.</b> Lillian I Lukowski		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007	
Mailing Address 16 Gipson Ct		<b>Transaction ID:</b> 26698451	
City State Zip Code Columbia MO 65202-1534	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Roxie L Felts		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2007	
Mailing Address 807 Driftwood Ranch Trl		<b>Transaction ID:</b> 26698455	
City State Zip Code Weatherford TX 76087-0720	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Walter W Woodruff		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2007	
Mailing Address 28 Valley Hill Road		<b>Transaction ID:</b> 26698462	
City State Zip Code Texarkana TX 75501-9351	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Burnett & Associates Anesthesia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Martin T O'Connor, Jr		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 11505 Norseman Dr		<b>Transaction ID:</b> 26698467	
City State Zip Code Manassas VA 20112-8670	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Deena C Sorci		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 7516 Little Fawn Ter		<b>Transaction ID:</b> 26698470	
City State Zip Code Crystal Lake IL 60012-1614	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lake Anesthesia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Anesthetist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kerry D Smith		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 2312 S Oakmont Ln		<b>Transaction ID:</b> 26698471	
City State Zip Code St George UT 84790-6860	Amount of Each Receipt this Period 255.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	755.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mark W Adams		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2007	
Mailing Address 305 Henley Perry Drive		<b>Transaction ID:</b> 26698480	
City State Zip Code Marshall TX 75670-5367	Amount of Each Receipt this Period 105.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Katherine A Nugent		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 2515 Boston Street Unit P1		<b>Transaction ID:</b> 26698506	
City State Zip Code Baltimore MD 21224-4739	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dennis R Winstead		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 25 Sierra St Apt E202		<b>Transaction ID:</b> 26698508	
City State Zip Code San Francisco CA 94107-2853	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaiser Permanenta Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	505.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 54
	(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)

Full Name (Last, First, Middle Initial) <b>A. Judith C Wiley</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007
Mailing Address 187 S York Road Unit E		<b>Transaction ID: 26698511</b>
City <b>Elmhurst</b>	State <b>IL</b>	Zip Code <b>60126-3460</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer <b>Rush University Medical</b>	Occupation <b>CRNA</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Scott K Shaffer</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007
Mailing Address 10940 County Rd 240		<b>Transaction ID: 26698512</b>
City <b>Salida</b>	State <b>CO</b>	Zip Code <b>81201-9222</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>405.00</b>
Name of Employer <b>Self</b>	Occupation <b>CRNA</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>405.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Jesus L Del Risco</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007
Mailing Address 12011 SW 1st Street		<b>Transaction ID: 26698518</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33184-1673</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Jackson Health Systems</b>	Occupation <b>CRNA</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1505.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Phillip G Walton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2007	
Mailing Address 2927 Gillham Rd Apt G4		<b>Transaction ID:</b> 26698557	
City State Zip Code Kansas City MO 64108-3116	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Truman Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1465.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Karen Burke		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2007	
Mailing Address 38 Watermint Place		<b>Transaction ID:</b> 26698585	
City State Zip Code Woodlands TX 77384-4769	Amount of Each Receipt this Period 405.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 905.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Osvaldo Zapata		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2007	
Mailing Address 105 Devonshire Court		<b>Transaction ID:</b> 26698587	
City State Zip Code Laredo TX 78041-2658	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	705.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 54
	(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)

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph P Murray		Date of Receipt MM / DD / YYYY 09 / 26 / 2007
Mailing Address 927 E Johnson Ave		<b>Transaction ID:</b> 26698591
City Chelan	State WA	Zip Code 98816-9713
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 205.00
Name of Employer Thedacare WI/St. Joseph Hosp WA	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Karen A Eisberner		Date of Receipt MM / DD / YYYY 09 / 26 / 2007
Mailing Address 655 Kenney Ave Apt 11		<b>Transaction ID:</b> 26698595
City Eau Claire	State WI	Zip Code 54701-6358
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer St. Joseph Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Robert J Hawkins		Date of Receipt MM / DD / YYYY 09 / 26 / 2007
Mailing Address 317 Cheshire Forest Drive		<b>Transaction ID:</b> 26698600
City Chesapeake	State VA	Zip Code 23322-7595
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>455.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)

Full Name (Last, First, Middle Initial) <b>A.</b> Col Brian D Campbell		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 14 Townsend Street		<b>Transaction ID:</b> 26698631	
City State Zip Code Malden MA 02148-6323		Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Winchester Anesthesia Ass-ociat CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John F Pare		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 11211 Bridgeport Dr		<b>Transaction ID:</b> 26698638	
City State Zip Code Temple TX 76502-6419		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Angela Agnich		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 22139 Princeton Circle		<b>Transaction ID:</b> 26698639	
City State Zip Code Frankfort IL 60423-8509		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	355.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 54
	<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)

Full Name (Last, First, Middle Initial) <b>A. Michael M Agnich</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 22139 Princeton Circle		<b>Transaction ID: 26698640</b>	
City State Zip Code Frankfort IL 60423-8509	Amount of Each Receipt this Period 300.00		
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Dana C Clevenger</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 1006 W Cory Ln		<b>Transaction ID: 26698644</b>	
City State Zip Code Ozark MO 65721-6403	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ozark Anesthesia Associates	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Cynthia R Sampson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 3118 Battersea Lane		<b>Transaction ID: 26698646</b>	
City State Zip Code Alexandria VA 22309-2104	Amount of Each Receipt this Period 100.00		
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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	32098.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 54
	<input 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 checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> DWS Scudder		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7	
Mailing Address 811 Main Street		<b>Transaction ID:</b> 26701091	
City State Zip Code Kansas City MO 64105-2005	Amount of Each Receipt this Period 70.00		
FEC ID number of contributing federal political committee. C			
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 603.76		
		Bank Interest	

Full Name (Last, First, Middle Initial) <b>B.</b> JP Morgan Chase Bank		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7	
Mailing Address 33 North LaSalle St.		<b>Transaction ID:</b> 26701093	
City State Zip Code Chicago IL 60690	Amount of Each Receipt this Period 1685.81		
FEC ID number of contributing federal political committee. C			
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼ 16678.30		
		Bank Interest	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1755.81
<b>TOTAL</b> This Period (last page this line number only) .....	1755.81

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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><b>A. Edonations</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 118 North Saint Asaph Street,</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Fees for web hosting of online donations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 26701107</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="56.50"/></p> <p>Fees for web hosting of online donations to CRNA-PAC from AANA members</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="003"/></p>

<p><b>B. JP Morgan Chase Bank</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 33 North LaSalle St.</p> <p>City Chicago State IL Zip Code 60690</p> <p>Purpose of Disbursement Bank fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 26701109</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="233.77"/></p> <p>Bank fees</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="003"/></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)

<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.** Andrews For Congress Committee

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
Robert E. Andrews

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NJ District: 1

Transaction ID: 26566206

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B.** Friends of Max Baucus

Mailing Address 236 Massachusetts Avenue, NE  
Suite 202

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
Max Baucus

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MT District: 1

Transaction ID: 26565788

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C.** Cantor for Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
Eric Cantor, `

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: VA District: 7

Transaction ID: 26565795

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

7500.00

**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) <b>A. Collins for Senator</b>		Transaction ID: 26565797 Date of Disbursement 09 / 20 / 2007
Mailing Address P.O. Box 1096 186 Exchange Street		Amount of Each Disbursement this Period 500.00
City Bangor State ME Zip Code 04402-1096	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Susan Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 2		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Collins for Senator</b>		Transaction ID: 26565799 Date of Disbursement 09 / 20 / 2007
Mailing Address P.O. Box 1096 186 Exchange Street		Amount of Each Disbursement this Period 1500.00
City Bangor State ME Zip Code 04402-1096	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Susan Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 2		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. John D Dingell For Congress Comm.</b>		Transaction ID: 26565790 Date of Disbursement 09 / 20 / 2007
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20013-5214	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name John D. Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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><b>A.</b> Full Name (Last, First, Middle Initial) Bob Filner for Congress</p> <p>Mailing Address P.O. Box 127868</p> <p>City San Diego State CA Zip Code 92112</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Bob Filner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 26565809</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address 426 C Street, NE Rear Building</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Candidate Contributions</p> <p>Candidate Name Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 2</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 26565807</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Candidate Contributions</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Jim Inhofe</p> <p>Mailing Address P.O. Box 13300</p> <p>City Oklahoma City State OK Zip Code 73113-1300</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name James M. Inhofe</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 2</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 26565776</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></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 48 / 54

<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) <b>A. Inslee for Congress</b>		<b>Transaction ID:</b> 26565808 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 579 Azalea Ave., NE		Amount of Each Disbursement this Period 1000.00  Candidate Contribution
City Bainbridge Island State WA Zip Code 98110-3930		
Purpose of Disbursement Candidate Contribution Candidate Name Jay Inslee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1	011 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Levin for Congress Committee</b>		<b>Transaction ID:</b> 26563656 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 990		Amount of Each Disbursement this Period 1500.00  Candidate Contribution
City Washington State DC Zip Code 20044		
Purpose of Disbursement Candidate Contribution Candidate Name Sander M. Levin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	011 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Ron Lewis for Congress</b>		<b>Transaction ID:</b> 26566203 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 307		Amount of Each Disbursement this Period 1000.00  Candidate Contribution
City Elizabethtown State KY Zip Code 42702		
Purpose of Disbursement Candidate Contribution Candidate Name Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	011 Category/Type	
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**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) <b>A. McCrery for Congress</b>		Transaction ID: 26566202 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2007	
Mailing Address 4010 Franconia Road		Amount of Each Disbursement this Period 1500.00	
City Alexandria State VA Zip Code 22310-2136	Purpose of Disbursement Candidate Contribution	011 Category/Type	
Candidate Name Jim McCrery	Candidate Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mike McIntyre For Congress</b>		Transaction ID: 26566200 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2007	
Mailing Address 1701 North Chestnut Street		Amount of Each Disbursement this Period 500.00	
City Lumberton State NC Zip Code 28358	Purpose of Disbursement Candidate Contribution	011 Category/Type	
Candidate Name Mr. Mike McIntyre	Candidate Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 7	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. New Republican Majority Fund</b>		Transaction ID: 26566212 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2007	
Mailing Address 3001 Park Center Drive Suite 1105		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Annual Contribution	011 Category/Type	
Candidate Name	Annual Contribution		
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 50 / 54

<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.** Pallone for Congress

Mailing Address P. O. Box 3176

City Long Beach State NJ Zip Code 07740

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Frank Pallone, Jr.

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NJ District: 6

Transaction ID: 26566220

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B.** Earl Pomeroy for Congress

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Earl Pomeroy

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: ND District: 1

Transaction ID: 26566215

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C.** Earl Pomeroy for Congress

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Earl Pomeroy

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: ND District: 1

Transaction ID: 26566219

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pat Roberts For Senate</p> <p>Mailing Address PO Box 433</p> <p>City Great Bend State KS Zip Code 67530</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Pat Roberts</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 2</p>		<p>Transaction ID: 26565796</p> <p>Date of Disbursement</p> <p>09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address P.O. Box 1998</p> <p>City St. Helena State CA Zip Code 94574</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mike Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 1</p>		<p>Transaction ID: 26565800</p> <p>Date of Disbursement</p> <p>09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee To Reelect Ed Towns</p> <p>Mailing Address 818 Connecticut Avenue NW, Suite 1100</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 10</p>		<p>Transaction ID: 26565802</p> <p>Date of Disbursement</p> <p>09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Candidate Contribution</p>

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p><b>A. Whitfield For Congress Comm.</b></p> <p>Full Name (Last, First, Middle Initial)</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: 1</p>		<p>Transaction ID: 26566239</p> <p>Date of Disbursement</p> <p>09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>B. PhilPAC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 703 G Street, SW</p> <p>City Washington State DC Zip Code 20024</p> <p>Purpose of Disbursement Annual Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 26565779</p> <p>Date of Disbursement</p> <p>09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>2500.00</p> <p>011 Category/ Type</p> <p>Annual Contribution</p> <p>Disbursement For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>C. Coble For Congress</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 1177</p> <p>City Greensboro State NC Zip Code 27402</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Howard Coble</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 6</p>		<p>Transaction ID: 26563659</p> <p>Date of Disbursement</p> <p>09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>6000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></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)

Full Name (Last, First, Middle Initial) <b>A. Michael Burgess For Congress</b>		<b>Transaction ID: 26566223</b> Date of Disbursement 09 / 20 / 2007	
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1500.00	
City Denton	State TX	Zip Code 76202	Candidate Contribution
Purpose of Disbursement Candidate Contribution		011 Category/ Type	
Candidate Name Rep. Michael C. Burgess, M.D.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 26			

Full Name (Last, First, Middle Initial) <b>B. Allyson Schwartz For Congress</b>		<b>Transaction ID: 26565792</b> Date of Disbursement 09 / 20 / 2007	
Mailing Address P.O. Box 2232		Amount of Each Disbursement this Period 2000.00	
City Jenkintown	State PA	Zip Code 19046	Candidate Contribution
Purpose of Disbursement Candidate Contribution		011 Category/ Type	
Candidate Name Allyson Schwartz			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 13			

Full Name (Last, First, Middle Initial) <b>C. America Works PAC</b>		<b>Transaction ID: 26566237</b> Date of Disbursement 09 / 20 / 2007	
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20002	Annual Contribution
Purpose of Disbursement Annual Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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 54 / 54

<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) <b>A. Van Hollen For Congress</b>		Transaction ID: 26565805 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7	
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 1000.00	
City Kensington State MD Zip Code 20895	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Chris Van Hollen	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution	

Full Name (Last, First, Middle Initial) <b>B. Fund for America's Future</b>		Transaction ID: 26565810 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7	
Mailing Address PO Box 29576		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20017	Purpose of Disbursement Annual Contribution Candidate Name	011 Category/ Type	
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) ▼	Annual Contribution	

Full Name (Last, First, Middle Initial) <b>C. Glacier PAC</b>		Transaction ID: 26566204 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7	
Mailing Address 236 Massachusetts Ave, Suite 603		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Annual Contribution Candidate Name	011 Category/ Type	
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) ▼	Annual Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	48500.00