

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C 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 Year-End 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 (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2017 through 07 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Kohl, Ralph, , Mr.,
Type or Print Name of Treasurer

Signature of Treasurer Kohl, Ralph, , Mr., [Electronically Filed] Date 08 / 17 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		504173.69
(b) Cash on Hand at Beginning of Reporting Period.....	630726.69	
(c) Total Receipts (from Line 19)	56890.20	394368.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	687616.89	898541.89
7. Total Disbursements (from Line 31).....	34000.00	244925.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	653616.89	653616.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31937.89	230529.62
(ii) Unitemized	24952.31	163788.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	56890.20	394318.04
(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)	56890.20	394318.04
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	50.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	56890.20	394368.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	56890.20	394368.20

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34000.00	243300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	625.00
(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	625.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34000.00	244925.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34000.00	244925.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	56890.20	394318.04
34. Total Contribution Refunds (from Line 28(d))	0.00	625.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56890.20	393693.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ambrose, Theodore, J, ,

Mailing Address 48 Alexis Dr

City Bloomsburg	State PA	Zip Code 17815-7718
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Geisinger Health System	Occupation (for Individual) CRNA
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2017

Transaction ID : 49CB94CE1D03AF49F810

Amount of Each Receipt this Period
30.41

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Anderson, Byron, Jermaine, ,

Mailing Address 5885 Bluegrass Vw

City Fairburn	State GA	Zip Code 30213-4735
------------------	-------------	------------------------

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

Name of Employer (for Individual) Grady Memorial Hospital	Occupation (for Individual) CRNA
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2017

Transaction ID : 4E04B13548909C03228B

Amount of Each Receipt this Period
83.33

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Anderson, Michael, J, ,

Mailing Address 1525 Poplar Ln

City North Liberty	State IA	Zip Code 52317-4744
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Iowa Hospitals and Clini	Occupation (for Individual) Certified Registered Nurse Anesthetist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1483.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2017

Transaction ID : 46A1B11932FD74583E93

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	197.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Andrade, Marilyn, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5739 Capitol Forest Dr SW
 City Olympia State WA Zip Code 98512-2826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 09 / 2017
Transaction ID : 4BEB9DD97B53F931A98A
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Andrews, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Johnnie Dodds Blvd Ste 103
 City Mount Pleasant State SC Zip Code 29464-3135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Outpatient Anesthesia Services Occupation (for Individual) Clinical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2017
Transaction ID : 425BA9FE8871FFF66E2E
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Ardizzone, Laura, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 480 Main St Apt 3D
 City New York State NY Zip Code 10044-0406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MSK Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 24 / 2017
Transaction ID : F62539DA7975479C92BA
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 100
	<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. Audas, Judy, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5741 Chadwick Ct
 City West Chester State OH Zip Code 45069-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Childrens Hospital And University of C Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 26 / 2017
Transaction ID : 49F0A8722BACEB4FE46B
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Baker, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 South Ln
 City Granville State MA Zip Code 01034-9486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SAS Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 22 / 2017
Transaction ID : 4E2D82BFE5E10E22930D
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Barrow, Lara, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7510 Evergreen Way
 City Georgetown State IN Zip Code 47122-9086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACE Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2017
Transaction ID : AA1DA03E7DE24AFCB140
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	330.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bassett, Ann, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Woodlawn Rd
 City New London State CT Zip Code 06320-2935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woodland Anesthesiology Associates Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 26 / 2017
Transaction ID : 4CF28649F9000B221857
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Begnaud, Charlie, J, , II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1168 N Saddlebrook Ct
 City Monticello State IN Zip Code 47960-1459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IU Health Arnett & IU Health White Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2017
Transaction ID : 278FBFE522824BDEA78F
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bell, Gena, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Summits Rdg
 City Morgantown State WV Zip Code 26508-8404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UHA Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 29 / 2017
Transaction ID : 4FD187F06D2497C4177C
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 100
	<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. Bentley, Timothy, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Brookstown Rd
 City Richmond State KY Zip Code 40475-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) anesthesia service Occupation (for Individual) crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 11 / 2017
Transaction ID : 7F9DC488A1B8456D8ECF
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Bergmooser, Bobbi, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Burleigh Rd
 City Bangor State ME Zip Code 04401-2511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nurse Anesthesia of Maine Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 09 / 2017
Transaction ID : F80D08F996DF461EAC7F
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Bertrand, Joseph, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 8th St Apt 1308
 City Charlestown State MA Zip Code 02129-4215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New England Pain Management Consultant Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 20 / 2017
Transaction ID : 4519A3900CF99FA10834
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1330.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Biddle, William, M, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Hilltop Village Center Dr
Apt 231

City Eureka State MO Zip Code 63025-1228

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

Name of Employer (for Individual) Retired Occupation (for Individual) CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2017
Transaction ID : 5640B9DB02D94BB09D03

Amount of Each Receipt this Period 250.00

Memo Item

B. Bing, John, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14009 12 Oaks Ct

City Clarksville State MD Zip Code 21029-1152

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

Name of Employer (for Individual) Self Occupation (for Individual) CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 14 / 2017
Transaction ID : 468786DAB091BA730310

Amount of Each Receipt this Period 91.25

Memo Item

C. Binns-Turner, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 246 Riverlake Rd

City Fair Play State SC Zip Code 29643-2756

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

Name of Employer (for Individual) Union University Occupation (for Individual) Asst. Dir. & Asst. Professor

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 14 / 2017
Transaction ID : 48818646CA433C65935C

Amount of Each Receipt this Period 30.41

Memo Item

SUBTOTAL of Receipts This Page (optional).....	371.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bishop, Harold, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Sage Ln
 City Lufkin State TX Zip Code 75904-6304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) dreamworksanes Occupation (for Individual) nurse anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 12 / 2017
Transaction ID : 4C4CBEA47DA00F29FA7A
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Bledsoe, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10847 Tibbetts Rd
 City Kirtland State OH Zip Code 44094-5194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) cleveland clinic Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 30 / 2017
Transaction ID : 48C6A08834C19D54E506
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Bless, Dennis, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Portland Ave Unit 1302
 City Minneapolis State MN Zip Code 55415-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fair View Southdale Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 14 / 2017
Transaction ID : 490C92B98E1DA7929879
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	143.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Boettger, Diane, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Moonlight Dr
 City Monroeville State PA Zip Code 15146-2058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Pittsburgh Occupation (for Individual) Staff CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 07 / 04 / 2017
Transaction ID : 44B5BDE0F90AEF7D0C06
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Bonom, Julie, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 Hagaman Ln
 City Andersonville State TN Zip Code 37705-3422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Occupation (for Individual) Associate Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 28 / 2017
Transaction ID : 42B98B1DFAAB9F35E8C9
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Bonom, Stevan, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 Hagaman Ln
 City Andersonville State TN Zip Code 37705-3422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bonom Anesthesia Occupation (for Individual) CRNA & President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 28 / 2017
Transaction ID : 4F72805CFCDF75827C51
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bosaw, Georgene, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12205 Roger Ln
 City Des Peres State MO Zip Code 63131-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) western anesthesiologist Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 07 / 2017
Transaction ID : 45CB80547C78728BE817
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Boust, Rebecca, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4009 NE 94th Ter
 City Kansas City State MO Zip Code 64156-8954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boust Anesthesia LLC Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2017
Transaction ID : 86B35B62A5184106B6A7
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bowersox, Monique, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1728 Quarry Ridge PI NW Apt 318
 City Rochester State MN Zip Code 55901-0823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 10 / 2017
Transaction ID : 42249FC6DDB15E64A165
 Amount of Each Receipt this Period 125.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Branstetter, Casey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 W Lovers Ln
 Ste 116-183
 City Dallas State TX Zip Code 75209-4330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MTC Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 14 / 2017
Transaction ID : 4C609F28DFA12AE8728D
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Braunschweiger, Sarah, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Timberwood Dr
 Unit 230
 City Lebanon State NH Zip Code 03766-4473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth-Hitchcock Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 15 / 2017
Transaction ID : 434B85ADD78E03AAFAD5
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Brown, Rachel, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1046 Grassland Chase Dr
 City Gallatin State TN Zip Code 37066-4474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Middle Tennessee School of Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 17 / 2017
Transaction ID : 4C4BB6C0E7D890C203D5
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	213.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bruns, Thomas, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30057 700th Ave
 City Redwood Falls State MN Zip Code 56283-3541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017
Transaction ID : 2D5E2FE9088042149C55
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Bryant, Carolyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1457 Maple Lake Rd
 City Bridgeport State WV Zip Code 26330-7815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Hospital Center Occupation (for Individual) Certified Registered Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2017
Transaction ID : 4C069CEC8A47181AEAF0F
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Buettner, Kevin, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 S 23rd St
 City Grand Forks State ND Zip Code 58201-4144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Dakota Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2017
Transaction ID : 46D9DC49251741A386D1
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 100
	<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. Cameron, Douglas, V, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Knight Ave

City Easthampton	State MA	Zip Code 01027-2006
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Sheridan Healthcorps	Occupation (for Individual) Staff CRNA
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2017

Transaction ID : 43AA94C2FC390C35E89A

Amount of Each Receipt this Period
83.33

Memo Item

B. Campbell, Robert, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2213 Dogwood Trace Blvd

City Lexington	State KY	Zip Code 40514-2417
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Kentucky	Occupation (for Individual) CRNA
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2017

Transaction ID : C164B96DE118406587C6

Amount of Each Receipt this Period
100.00

Memo Item

C. Cannaday, Rodney, K, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4011 Oak Creek Dr

City Nacogdoches	State TX	Zip Code 75965-6528
---------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) CRNA
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2017

Transaction ID : A5FAD90170B6423790B7

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 100
	<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. Cappello, Mark, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1511 W Ardmore Ave
 Apt 1
 City Chicago State IL Zip Code 60660-4289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 17 / 2017
Transaction ID : 480C8BD8A1550AAD5F9D
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Carlson, Johanna, Maria, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Cedar Ln
 City Lemoore State CA Zip Code 93245-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Navy Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.87

Date of Receipt 07 / 17 / 2017
Transaction ID : 42C881380B78E63DEDA0
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Carlson, Johanna, Maria, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 751 Cedar Ln
 City Lemoore State CA Zip Code 93245-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Navy Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.87

Date of Receipt 07 / 27 / 2017
Transaction ID : AC91CB600E73403181D2
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	330.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Carlstead, Martha, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12532 26th Ave NE
 Apt A
 City Seattle State WA Zip Code 98125-8806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Mason Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 11 / 2017
Transaction ID : 44219F1F0F4F49CC8E1
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Carter, T'Any, Marye, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2228 Colony Ct
 City Dallas State TX Zip Code 75235-3521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Consultants of Dallas Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1608.32

Date of Receipt 07 / 06 / 2017
Transaction ID : 4680B781AAB03073D8F1
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Carter, T'Any, Marye, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2228 Colony Ct
 City Dallas State TX Zip Code 75235-3521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Consultants of Dallas Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1608.32

Date of Receipt 07 / 23 / 2017
Transaction ID : 45E595F14665FE3608F5
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	338.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Chulski, Renee, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 423 Colin Cir
 City Ann Arbor State MI Zip Code 48103-6610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2017
Transaction ID : D836D0CB-786A-4C16-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Collins, William, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1541 E 473rd Rd
 City Bolivar State MO Zip Code 65613-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S. Army Occupation (for Individual) nurse anesthetist (CRNA)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 23 / 2017
Transaction ID : 93E5AC93424140E5BC22
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Cooper, Stephen, Scott, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4006 Running Brook Ct
 City College Station State TX Zip Code 77845-6460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 24 / 2017
Transaction ID : 48FBABD5961ABFB3479B
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Corriveau, Luc, George, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Sidney Blvd
 City Hampden State ME Zip Code 04444-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nurse Anesthesia of Maine Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 02 / 2017
Transaction ID : 4F38B0A9234B5BFBC37A
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Cravens, Thomas, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 715 Birch St
 City Rawlins State WY Zip Code 82301-4743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gerald Champion Regional Medical Cente Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 01 / 2017
Transaction ID : 467492EE8DBBEF7EE4AF
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Currie, Shelley, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24962 Sea Crest Dr
 City Dana Point State CA Zip Code 92629-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) So. Cal Perm Med grp Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2017
Transaction ID : 4E7AB89F5A3AC7A32456
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 100
	<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. Cusick, Warren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Acacia Dr S
 City Uvalde State TX Zip Code 78801-1164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EmCare Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 255.00

Date of Receipt 07 / 25 / 2017
Transaction ID : 768626BB31534DB09ADF
 Amount of Each Receipt this Period 255.00
 Memo Item

B. Davis, Ashley, Poe, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1992 Cooks Valley Rd
 City Kingsport State TN Zip Code 37664-5117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Anesthesia Solutions Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 583.31

Date of Receipt 07 / 13 / 2017
Transaction ID : 4570BBBAD4958F71FF00
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Davis, Nathan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1992 Cooks Valley Rd
 City Kingsport State TN Zip Code 37664-5117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Anesthesia Solutions Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 291.62

Date of Receipt 07 / 14 / 2017
Transaction ID : 40DAB1D9AF9B36A4CF08
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	379.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Degman, Dustin, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 531 Hemlock St
 City Florence State OR Zip Code 97439-9328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AllCare Clinical Associates Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 12 / 2017
Transaction ID : 46BAB793411BD1D66084
 Amount of Each Receipt this Period 85.00
 Memo Item

B. DeVito, Catherine, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1936 Michigan Ave NE
 City St Petersburg State FL Zip Code 33703-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Florida Anesthesiologists LLC Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017
Transaction ID : 43BEA0C8D53C337C6556
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Diller, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 Ivy St
 City Chattanooga State TN Zip Code 37404-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology of Tennessee Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 07 / 2017
Transaction ID : 4D979397F6D0B2580D92
 Amount of Each Receipt this Period 30.41
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Doria, Mark Anthony, Lustre, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Shenandoah Blvd
 City Port Jefferson Sta State NY Zip Code 11776-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 15 / 2017
Transaction ID : 4C308F1A03C898170DFD
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Dudley, Mary, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 L Hauser Rd
 City Onalaska State WI Zip Code 54650-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED DUDLEY ANESTHESIA SC Occupation (for Individual) NURSE ANESTHETIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 12 / 2017
Transaction ID : 4F88847A1A2F196E8870
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Duerr-Trebilcock, Susan, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Hendrie Blvd
 City Royal Oak State MI Zip Code 48067-2414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne State University Physician Group Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 289.94

Date of Receipt 07 / 12 / 2017
Transaction ID : 4854ADECA37D28969DA2
 Amount of Each Receipt this Period 41.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	155.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 100
	<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. Dufek, Suzanne, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 835 Karau Ln
 City Cape Girardeau State MO Zip Code 63701-4407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeast Health Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 23 / 2017
Transaction ID : 6F12DEC5-A2CE-4280-
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Dunlap, Alton, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4296 SE Cove Lake Cir Apt 204
 City Stuart State FL Zip Code 34997-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martin Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 01 / 2017
Transaction ID : 4FCC8B3CCB5DF04397F6
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Durbin, Terrica, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 445 W Blount Ave Apt 108
 City Knoxville State TN Zip Code 37920-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 933.31

Date of Receipt 07 / 12 / 2017
Transaction ID : 44CAB6F4A91334CE5979
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	313.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 100
	<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. Durbin, Terrica, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 445 W Blount Ave
 Apt 108
 City Knoxville State TN Zip Code 37920-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Tennessee Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 933.31

Date of Receipt 07 / 26 / 2017
Transaction ID : 4A838E9853A519BD42D2
 Amount of Each Receipt this Period 50.00
 Memo Item

B. DuVall, Darryl, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23012 E Morris Rd
 City Newman Lake State WA Zip Code 99025-8449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Medical Group Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 14 / 2017
Transaction ID : 4C8490B796F0F651CBD4
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Eads, Victoria, Leigh, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 N Meadowmist Cir
 City Spring State TX Zip Code 77381-6263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USAP Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2017
Transaction ID : 4FDFA0754C1B5BC3C743
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	163.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 100
	<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. Earley, Donovan, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12004 White Oak Run
 City Conroe State TX Zip Code 77385-2742
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Faculty CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 14 / 2017
Transaction ID : 497B84A9C0A9FBAC997E
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Edmunds, Dena, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1375 N Blazing Star Ln
 City Pueblo State CO Zip Code 81007-6565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia and Pain Management Service Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 12 / 2017
Transaction ID : 44B2942F02F849D871FC
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Eggleston, Carly, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Westford Pl Unit 5B
 City Canfield State OH Zip Code 44406-7014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bel-Park Anesthesia Assoc. Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2017
Transaction ID : 64706DDEC0C7447292A3
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	416.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Erickson, Robert, Anthony, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10529 Longoria Garden St
 City Las Vegas State NV Zip Code 89141-7315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesiology Consultants Inc Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2017
Transaction ID : 4CF9914A99B88DE103A1
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ernat, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2951 Prince Dr
 City Clarksville State TN Zip Code 37043-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Phymed Occupation (for Individual) Crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 14 / 2017
Transaction ID : 42FF83E77328B41E7E9F
 Amount of Each Receipt this Period 41.66
 Memo Item

C. Fain, Adriane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 W 9th St
 City Pittsburg State KS Zip Code 66762-3623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freeman Health System Surgical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 14 / 2017
Transaction ID : 4E73B50CEFC70A5E37B7
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.99
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Farmer, Daniel, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 Meadow Brook Ter
 City Hartsville State SC Zip Code 29550-4600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Independent Occupation (for Individual) Crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 20 / 2017
Transaction ID : 47BD9720AD89A2060143
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Fevurly, Thomas, Guy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Alpine Ave
 City Jber State AK Zip Code 99505-1021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S Air Force Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 24 / 2017
Transaction ID : EFFF7DEC171D414A93B9
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Feyh, Leah, Stuart, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Becky Anne Dr
 City Winterville State NC Zip Code 28590-7928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) East Carolina University Occupation (for Individual) Clinical Assistant Professor, Nurse An
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 02 / 2017
Transaction ID : 415B899900D613491D41
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	363.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Fields, Bianca, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20271 Murray Hill St

City Detroit	State MI	Zip Code 48235-2130
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Henry ford	Occupation (for Individual) Crna
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

Transaction ID : 4D22A9456D69D7592759

Amount of Each Receipt this Period
30.41

Memo Item

B. Fisher, Marquessa, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 Spring St

City Fort Wayne	State IN	Zip Code 46808-3939
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Excel Anesthesia	Occupation (for Individual) CRNA
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2017

Transaction ID : 4C1C86BBC09684AFB72B

Amount of Each Receipt this Period
83.33

Memo Item

C. Fuqua, Joshua, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 Chartrese Dr

City Brandon	State MS	Zip Code 39047-8780
-----------------	-------------	------------------------

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

Name of Employer (for Individual) UMMC	Occupation (for Individual) CRNA
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2017

Transaction ID : 4B6C952EDD1887F322AD

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	197.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 100
	<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. Gaustad, Lynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 Pioneer Dr
 City Holmen State WI Zip Code 54636-9490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gundersen Health System Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 28 / 2017
Transaction ID : 495693E0D38442064A9B
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Gauvin, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Seabreeze Ln
 City Mattapoisett State MA Zip Code 02739-2616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Professionals, Inc. Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1493.31

Date of Receipt 07 / 19 / 2017
Transaction ID : 40C6ADB9FE7DA1CC1AC6
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Geisz-Everson, Marjorie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11001 Patterson Rd
 City New Orleans State LA Zip Code 70131-3251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LSUHSC School of Nursing Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 07 / 08 / 2017
Transaction ID : 4839BB9AFE16C9350EE5
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	322.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 100
	<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. Gerardy, Scott, Allan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3335 Atwood Dr
 City Loveland State CO Zip Code 80538-4964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner Health Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 03 / 2017
Transaction ID : 445EA640B733D884C98A
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Gillis, Wilma, Krohn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Fuller Dr
 City Madison State WI Zip Code 53704-5924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UW Hospital and Clinics Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 14 / 2017
Transaction ID : 4DFEAD9558851410EC96
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Gonzalez, Michelle, L R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3459 Tyler Ct
 City Ellicott City State MD Zip Code 21042-3603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 590.38

Date of Receipt 07 / 13 / 2017
Transaction ID : 49CEA88288B27A2151A2
 Amount of Each Receipt this Period 84.34
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 198.08
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 100
	<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. Goode, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 Maple St
 City Scott City State KS Zip Code 67871-6401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scott County Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt **07 / 30 / 2017**
Transaction ID : 465A83A9D6C9C2DAB629
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Goodwin, Howard, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15309 Creek Point Ln
 City Carrollton State VA Zip Code 23314-2027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAI Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt **07 / 13 / 2017**
Transaction ID : 430986B39460AFB43A43
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Graves, Rachel, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Otter Creek Rd
 City Nashville State TN Zip Code 37215-5219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Phymed Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 833.31

Date of Receipt **07 / 12 / 2017**
Transaction ID : 2A0237BEE38B43F4B9A3
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	363.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Graves, Rachel, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Otter Creek Rd
 City Nashville State TN Zip Code 37215-5219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Phymed Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.31

Date of Receipt 07 / 12 / 2017
Transaction ID : 4AAB9E8CFE34E4917171
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Griffin, Deana, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Fayetteville Rd
 City Decatur State GA Zip Code 30030-4805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northlake Anesthesia Professionals Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2017
Transaction ID : 898D4F2D383E4DEA88B0
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Grissom, Regan, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3326 Trillium Whorl Ct
 City Raleigh State NC Zip Code 27607-5465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 07 / 2017
Transaction ID : 49B8A19614238E015051
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 100
	<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. Grissom, Regan, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3326 Trillium Whorl Ct
 City Raleigh State NC Zip Code 27607-5465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Anesthesiology Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2017
Transaction ID : 4B0ABA3228DD6C731937
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Haffey, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6520 S Jeffrey Ave
 City Sioux Falls State SD Zip Code 57108-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1345.00

Date of Receipt 07 / 12 / 2017
Transaction ID : 490B90919DE9C45B3C4C
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hall, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 616 N Charter Hall Dr
 City Palatine State IL Zip Code 60067-8678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockford Anesthesiologist Assc Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 277.50

Date of Receipt 07 / 30 / 2017
Transaction ID : 1A5638422C184FA2984F
 Amount of Each Receipt this Period 27.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 100
	<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. Hall, Brian, Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 N Merkle Rd
 City Bexley State OH Zip Code 43209-1553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nationwide Childrens Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2017
Transaction ID : 4FEFB765E526F8A39564
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Hamilton, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Waterford Dr
 City Southlake State TX Zip Code 76092-7007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wm. Bee Ririe Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2017
Transaction ID : 4C3730F6735A4E4D901C
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Harper, Eileen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 Foxfire Rd
 City Martinsville State VA Zip Code 24112-8731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martinsville Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 09 / 2017
Transaction ID : 47858CCD0FD3645720E0
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	363.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Heeke, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 162 Coxe Ave
 Unit 203
 City Asheville State NC Zip Code 28801-4056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mission Community Anesthesiology Speci Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 27 / 2017
Transaction ID : 4B98B3ECB1AC36F78D51
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Heidler, Clare, D, , IV
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3126 McCall Blvd
 City Statesboro State GA Zip Code 30461-4921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EAST ORGIN MEDICAL CENTER Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 26 / 2017
Transaction ID : 41858AC6B3183D8FB09C
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Hemingway, Braden, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5709 S Copper Ridge Blvd
 City Spokane State WA Zip Code 99224-9289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Medical Group Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 02 / 2017
Transaction ID : 4A5F890C4208E6870326
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Henderson, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 Mayfield Rd
 City Winston Salem State NC Zip Code 27104-3930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 08 / 2017
Transaction ID : 49D795019C304C8EF569
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Hendrix, Patti, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8690
 City Kodiak State AK Zip Code 99615-8690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Kodiak Island Medical Cente Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 23 / 2017
Transaction ID : 4880A8D24A7521113CF4
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Heriot, Jody, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 22099
 City Ft Lauderdale State FL Zip Code 33335-2099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEDNAX Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 29 / 2017
Transaction ID : F68D56FABD58412181A9
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	445.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Herr, Bruce, Allen, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4200 Cathedral Ave NW
 Apt 717
 City Washington State DC Zip Code 20016-4934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Surgery Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.31

Date of Receipt 07 / 30 / 2017
Transaction ID : 47A1A62BA7BF3EADE1A3
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Higginson, Tyler, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5295 Ivy Ln
 City Oshkosh State WI Zip Code 54904-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VETERANS ADMINISTRATION Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 12 / 2017
Transaction ID : 446E93F38FC1FA96B20A
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Hitchens, John, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1715 Farmshire Ct
 City Jarrettsville State MD Zip Code 21084-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Watchful Care Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1478.31

Date of Receipt 07 / 12 / 2017
Transaction ID : 4B4CA9ABA3419FBD08D9
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	326.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hoffman, Jeffrey, Lewis, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 Far Hills Ave
 City Oakwood State OH Zip Code 45419-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TCU Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 20 / 2017
Transaction ID : 43F5BB1AE9AE89899A38
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Holst, Ruth A Bilharz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41835 N Pedersen Dr S
 City Antioch State IL Zip Code 60002-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthShore University Health System Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 29 / 2017
Transaction ID : 8E920861B96E4D94BBCF
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hungerford, Glenda, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Harding Pl
 City Syracuse State NY Zip Code 13205-3103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) cny anesthesia group Occupation (for Individual) crna
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 14 / 2017
Transaction ID : 4A248499CC116EEDB45C
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	363.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 100
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name
A. Ingram, Carmen, Leah, ,

Mailing Address 401 S 34th Ave

City Hattiesburg	State MS	Zip Code 39402-1708
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Wesley Medical Center	Occupation (for Individual) CRNA
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2017

Transaction ID : 4A92AA247CBF678B0501

Amount of Each Receipt this Period
83.33

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Jackson-Thomas, Deborah, L, ,

Mailing Address 7722 Oldhaven St

City Houston	State TX	Zip Code 77074-5323
-----------------	-------------	------------------------

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

Name of Employer (for Individual) DLJT ANESTHESIA SERVICES,PLLC	Occupation (for Individual) Nurse Anesthetist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2017

Transaction ID : 4AE79BE6F21D6D6B9091

Amount of Each Receipt this Period
83.33

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Jacobson, Jessica, Marie, ,

Mailing Address 1300 Yale Pl
Apt 410

City Minneapolis	State MN	Zip Code 55403-2163
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Childrens Minnesota	Occupation (for Individual) CRNA
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
595.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : 4DD0969F25BE73BF46AE

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	206.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jacobson, Jessica, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 Yale Pl
 Apt 410
 City Minneapolis State MN Zip Code 55403-2163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Childrens Minnesota Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.32

Date of Receipt 07 / 20 / 2017
Transaction ID : 47B5A7E272D48AB85CEA
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Jacobson, Shauna, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 N Pasque Flower Trl
 City Brandon State SD Zip Code 57005-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SANFORD HEALTH Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 14 / 2017
Transaction ID : 4D89B11793B5BD1EB76A
 Amount of Each Receipt this Period 91.25
 Memo Item

C. Jewett, Matthew, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 Kings Rd
 City Fairmont State MN Zip Code 56031-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Health System Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 12 / 2017
Transaction ID : 440E863B828991DE6E75
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	161.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jones, Timothy, Allen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 Southpark Dr
 City Dalhart State TX Zip Code 79022-5036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coon Memorial Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.31

Date of Receipt 07 / 02 / 2017
Transaction ID : 417AB2B5FCA5F4905C5A
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Kantor, Phyllis, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Abbotsford Ln
 City Bakersfield State CA Zip Code 93312-7047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Health Group Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 07 / 13 / 2017
Transaction ID : 44F4B299795EB37F6446
 Amount of Each Receipt this Period 208.33
 Memo Item

C. Karp, Karyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1078 Fryer Creek Dr
 City Sonoma State CA Zip Code 95476-7574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1470.00

Date of Receipt 07 / 12 / 2017
Transaction ID : 45D883DF341C7AAEEEC8
 Amount of Each Receipt this Period 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	501.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 100
	<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. Kemp, Lucas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1102 S University Ave
 Apt 9
 City Beaver Dam State WI Zip Code 53916-3092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 05 / 2017
Transaction ID : 470E8D635F24ACDE8A8D
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Kerwin, Gail, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Hemlock Trl
 City Trumbull State CT Zip Code 06611-3373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Vincent's Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 11 / 2017
Transaction ID : 47918221B311AEB01BFC
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Khaleel, Heather, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5700 Village Oaks Dr
 Apt 3216
 City San Jose State CA Zip Code 95123-3784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TPMG Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 16 / 2017
Transaction ID : 4688AE35E9AF1A79F705
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Kidd, Kathleen, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Daytona Ct
 City O Fallon State MO Zip Code 63368-6657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) metro west anestia group Occupation (for Individual) crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 04 / 2017
Transaction ID : 4AEAB1C6424791F10816
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Kipple, John, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6728 Snowy River Rd
 City Cheyenne State WY Zip Code 82001-9121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dept of VA Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 15 / 2017
Transaction ID : 44BEB0CB1569E29E301D
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Klein, Jason, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1407 Ridgeway Rd
 City Marshall State MN Zip Code 56258-2153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACMC Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 07 / 2017
Transaction ID : 4E87BC4117B86276DD86
 Amount of Each Receipt this Period 91.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	152.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kondisko, Tammy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Pleasant Dr
 City Bernville State PA Zip Code 19506-9309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reading Health System Occupation (for Individual) nurse anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 23 / 2017**
Transaction ID : 22ACB6726FB94DAEBA9A
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Krmic, Yana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Driftwood
 City Somers State NY Zip Code 10589-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Medical Health System Occupation (for Individual) Chief CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1808.31

Date of Receipt **07 / 05 / 2017**
Transaction ID : 45E88081A604F0AF03AD
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Krmic, Yana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Driftwood
 City Somers State NY Zip Code 10589-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Medical Health System Occupation (for Individual) Chief CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1808.31

Date of Receipt **07 / 28 / 2017**
Transaction ID : 46339FB4E2549BEBAEF0
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	508.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lacek, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12317 Surrey Ln
 City Homer Glen State IL Zip Code 60491-8801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 11 / 2017
Transaction ID : 4512AB32B566577DA7F8
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Lamb, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 628 N Prairie Ave
 City Mundelein State IL Zip Code 60060-1751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optimum Anesthesia Solutions Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 09 / 2017
Transaction ID : 4E97B23D9EB59438E60A
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Lassegard, Julia, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27071 Hidden Trail Rd
 City Laguna Hills State CA Zip Code 92653-5846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self employed Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 21 / 2017
Transaction ID : 4210958DDDE6E9DB08BF
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.82
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Leach, Steven, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1049 Redfish St
 City Bayou Vista State TX Zip Code 77563-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Medical Br Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 08 / 2017
Transaction ID : 49A1A737140216141ABD
 Amount of Each Receipt this Period 85.00
 Memo Item

B. LeBlanc, Thomas, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2625 NW 60th St
 City Oklahoma City State OK Zip Code 73112-7114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Expert Anesthesia Occupation (for Individual) Nurse Anesthesia
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2017
Transaction ID : 9087D83AD06A4A359C43
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ledford, Brent, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 Broad Armstrong Dr
 City Brownsboro State AL Zip Code 35741-9100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Huntsville Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 402.05

Date of Receipt 07 / 03 / 2017
Transaction ID : 4D81B467C55C63B862F8
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	365.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lietaert, Ann Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 Gladstone Dr SE
 City Grand Rapids State MI Zip Code 49506-2819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Practice Consultants Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 30 / 2017
Transaction ID : 44F3B3A60983DA470A36
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Linton, Julia, Elizabeth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2250 Welltown School Rd
 City Martinsburg State WV Zip Code 25403-5811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NA Occupation (for Individual) Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 732.87

Date of Receipt 07 / 26 / 2017
Transaction ID : 4071B098239435EAF9F5
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Lipman, Daniel, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3607 Chatwood Dr
 City Pearland State TX Zip Code 77584-2340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ND ANDERSON CANVER CENTER Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 26 / 2017
Transaction ID : 432BA82C0C9973C3C8EC
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. LoBue, Sarah, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 22nd Ave SW
 City Rochester State MN Zip Code 55902-2478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 05 / 2017
Transaction ID : A3437E12-C491-4425-
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Long, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Greene Ave
 City Brooklyn State NY Zip Code 11238-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Sloan Kettering Cancer Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 18 / 2017
Transaction ID : 42E19E914599C824FEAF
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Losi, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2928 Garden Bluff Trl Apt 1126
 City Fort Worth State TX Zip Code 76118-4732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Health Group Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 02 / 2017
Transaction ID : 41A89F9AD9D69D3F8567
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	478.74
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lovinaria, Danilo, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3616 Edmund Blvd
 City Minneapolis State MN Zip Code 55406-2944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vetarans Affairs Health Care System Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.31

Date of Receipt 07 / 10 / 2017
Transaction ID : 4C14824A41BA003FC51D
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Luellen, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 Elmwood Dr
 City San Antonio State TX Zip Code 78212-2114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Health Network Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 24 / 2017
Transaction ID : 4885AD327AAD4979D72
 Amount of Each Receipt this Period 91.25
 Memo Item

C. Macmang, Josephine, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Kersey Ct
 City Durham State NC Zip Code 27713-7735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 14 / 2017
Transaction ID : 400E80AB3D01B1CD26D0
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	257.91
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Malina, Debra, Pecka, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41710 Monterey Pl

City Temecula	State CA	Zip Code 92591-7935
------------------	-------------	------------------------

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

Name of Employer (for Individual) Barry University - Health Sciences Adm	Occupation (for Individual) Assistant Director of Clinical Educati
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2017

Transaction ID : 41FBBC5576FBDD15B1C3

Amount of Each Receipt this Period
100.00

Memo Item

B. Maltais, Kevin, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1220 Hunter Ct

City Creedmoor	State NC	Zip Code 27522-7280
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) CRNA
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2017

Transaction ID : 4A99940B1DC05CBEB3B0

Amount of Each Receipt this Period
83.33

Memo Item

C. Marienau, Mary, Evelyn, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 1st St SW
919

City Rochester	State MN	Zip Code 55905-0001
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic	Occupation (for Individual) Certified Registered Nurse Anesthetist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
615.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2017

Transaction ID : 2EE207F840174FFD9999

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Martens, Jennifer, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49249 Sandra Dr
 City Shelby Township State MI Zip Code 48315-3533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. John's Hospital - Detroit Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2017
Transaction ID : 474AA78208CC560FD26A
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Martin, Terry, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 E 466th Rd Apt C
 City Bolivar State MO Zip Code 65613-9134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Heights Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 07 / 04 / 2017
Transaction ID : 4F909C33E5359841B91A
 Amount of Each Receipt this Period 31.00
 Memo Item

C. Mason, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Cincinnati Br
 City Morehead State KY Zip Code 40351-8766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Claire Regional Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 22 / 2017
Transaction ID : 393957AF-41FE-45E8-
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	446.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Maw, Lisa, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1732 Lydia Ave W
 City Roseville State MN Zip Code 55113-1409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.31

Date of Receipt 07 / 14 / 2017
Transaction ID : 4BEF81F4A3C20D169052
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Mayes, Evan, Z, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5745 Llano Ave
 City Dallas State TX Zip Code 75206-6315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkland Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2017
Transaction ID : 4659AC793B55FABB3BE0
 Amount of Each Receipt this Period 30.41
 Memo Item

C. McCann, Jason, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 Orchard Oak Cir
 City Campbell State CA Zip Code 95008-2133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Permanente Medical Group (TPMG) Occupation (for Individual) Asst. Chief CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2017
Transaction ID : ECB213F7-859C-43E9-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	613.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. McConaughay, Ann, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2417 SW Golden Eagle Rd
 City Lees Summit State MO Zip Code 64082-4097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAKC Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.46

Date of Receipt 07 / 06 / 2017
Transaction ID : 4A909B0E06DE00FFA539
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Meston, Jesse, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5812 N Shore Dr
 City Clarklake State MI Zip Code 49234-9005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) sheridan health care Occupation (for Individual) crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 07 / 2017
Transaction ID : 490DAEE10532C10AAFA9
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Meston, Meredith, Noechel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5812 N Shore Dr
 City Clarklake State MI Zip Code 49234-9005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 07 / 2017
Transaction ID : 41F2AB78319083E8584C
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Middlebrooks, Reggie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Richmond Way
 City Carrollton State VA Zip Code 23314-2758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Navy Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 26 / 2017
Transaction ID : 846EEF73-C445-47AD-
 Amount of Each Receipt this Period 365.00
 Memo Item

B. Miller-Leonard, Kimmerle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 Pioneer Rd
 City Toppenish State WA Zip Code 98948-9606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CCI Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : F9A16ABBE21944DF85CA
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Milosh, Angela, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6120 N Pointe Dr
 City Pepper Pike State OH Zip Code 44124-5388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Cleveland Clinic Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2017
Transaction ID : 4736A9AA51ECAD5E405C
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	715.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mooney, Susan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 S Star Gazer
 City Santa Fe State NM Zip Code 87506-1211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Gastroenterology associates Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 17 / 2017
Transaction ID : 4399B3DAA09D6F30CC8D
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mooney, Susan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 S Star Gazer
 City Santa Fe State NM Zip Code 87506-1211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Gastroenterology associates Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 17 / 2017
Transaction ID : 42FD8F5BB1909855877
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mooney, Susan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 S Star Gazer
 City Santa Fe State NM Zip Code 87506-1211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Gastroenterology associates Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 30 / 2017
Transaction ID : 4282B84ED5498EC4588E
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mueller, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Sylvan Ave
 City Pleasant Ridge State MI Zip Code 48069-1236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mueller Anesthesia Services CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2017
Transaction ID : 2FE6DEF5EADF4ED89D40
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mueller, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Sylvan Ave
 City Pleasant Ridge State MI Zip Code 48069-1236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mueller Anesthesia Services CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 366.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : 4E0E87470E8102E55622
 Amount of Each Receipt this Period
 16.66
 Memo Item

C. Murphy, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Teakwood Dr W
 City Coventry State RI Zip Code 02816-8586
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Yale New Haven Hospital School of Nurs Full time student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2017
Transaction ID : 48D3B53C7CD6400594FD
 Amount of Each Receipt this Period
 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	297.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 100
	<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. Myers, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 985 Belle Ct
 City Dickinson State ND Zip Code 58601-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sanford ASC, Dickinson, ND Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 25 / 2017
Transaction ID : 431FABB834238357BB51
 Amount of Each Receipt this Period 70.00
 Memo Item

B. Navarro, Steven, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5137 Panorama Dr
 City Panora State IA Zip Code 50216-8614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Locale Anesthesia Occupation (for Individual) Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 07 / 2017
Transaction ID : 81235B07B6CD443E8E7E
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Neft, Michael, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 Crescent Pl Apt 3K
 City Pittsburgh State PA Zip Code 15217-3503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Assistant Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 11 / 2017
Transaction ID : 4058A1230675954CCFA1
 Amount of Each Receipt this Period 83.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	353.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Neimkin, Amy, Pfeil, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 368 Woodward Ct
 City Birmingham State AL Zip Code 35242-6040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAB Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.98

Date of Receipt 07 / 07 / 2017
Transaction ID : 402798BB2D7B9311D667
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Nevills, Kyle, Dale, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1306 W 9th St
 City Scott City State KS Zip Code 67871-1360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Catherine Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 07 / 18 / 2017
Transaction ID : F6873FD425DC46ABA417
 Amount of Each Receipt this Period 31.00
 Memo Item

C. Nguyen, Emily, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4213 Cedarbrook Cir
 City Richardson State TX Zip Code 75082-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkland Health & Hospital System Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 27 / 2017
Transaction ID : 1A67459A82FD4AA19BA9
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	414.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Nicholson, Tonia, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9802 W Big Springs Blvd
 City Boise State ID Zip Code 83714-9574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 07 / 24 / 2017
Transaction ID : 925C78ADABC4B01A6A1
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nieder, Lisa, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Saddle Brook Ln
 City Epping State NH Zip Code 03042-1924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAPA Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 212.87

Date of Receipt 07 / 14 / 2017
Transaction ID : 4135A5C4E1786D4CE9E5
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Niemann, Sharon, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2641 S 218th St W
 City Goddard State KS Zip Code 67052-9275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Newman University Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 700.00

Date of Receipt 07 / 05 / 2017
Transaction ID : 4B26BFC9A407933DF7A9
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Nimmo, Cheryl, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Aberdeen Rd
 City Riverside State RI Zip Code 02915-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) university of new england Occupation (for Individual) assistant program director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 593.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2017
Transaction ID : 492CA68E562AE3250380
 Amount of Each Receipt this Period
 83.34
 Memo Item

B. Noles, Wendy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3740 Coco Palm
 City El Paso State TX Zip Code 79936-2167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMS Occupation (for Individual) Staff CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2017
Transaction ID : D9C401F5A0AE489E81A7
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. O'Brien, Mary, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 Deer Woods Dr NE
 City Swisher State IA Zip Code 52338-9436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Dept. of Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2017
Transaction ID : 4BD7ADA80EF0279B17AA
 Amount of Each Receipt this Period
 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	213.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Oberhansley, Jeffrey, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4089 Stone Point Dr NE
 City Rochester State MN Zip Code 55906-5446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 12 / 2017
Transaction ID : 43E789A22B288FBCD018
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Olson, Andrew, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12313 W Berridge Ln
 City Litchfield Park State AZ Zip Code 85340-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Employed CRNA Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 31 / 2017
Transaction ID : 42E680595B292F21C746
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Osborne, Lisa, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11327 Kress Rd
 City Roanoke State IN Zip Code 46783-8777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of St. Francis Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 13 / 2017
Transaction ID : 42FFB8C838C8D6EE1507
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ostendarp, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12505 Fillmore St
 City Spring Hill State FL Zip Code 34609-5860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Covenant Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 17 / 2017
Transaction ID : 46A19FEEEA1E609533B
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Packard, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1031 16th Avenue PI NW
 City Hickory State NC Zip Code 28601-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catawba valley med ctr Occupation (for Individual) Crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 22 / 2017
Transaction ID : 49C885F6A7E3F80AA935
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Parker, Bethany, Corinne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Sea Oaks Blvd
 City Long Beach State MS Zip Code 39560-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grand Strand Regional Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 22 / 2017
Transaction ID : 4CBDA5B9F80B76721CC3
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	197.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Patel, Bhavika, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6702 Coleman Ct
 City Sugar Land State TX Zip Code 77479-4731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Methodist Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 29 / 2017
Transaction ID : 4F519A24C7D6632AC63E
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Patterson, John, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2287 Highway K25
 City Colby State KS Zip Code 67701-9117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2017
Transaction ID : 7182A21304ED43E9953D
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Pemerton, Anthony, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Valley Brook Dr SE
 City Rome State GA Zip Code 30161-5966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbin Clinic Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 07 / 20 / 2017
Transaction ID : 4B19AE36633EEC5AE5C5
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	758.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Petersmith, Jared, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3719 Rosewood Ave
 City Alamogordo State NM Zip Code 88310-8255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FGTBA Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 04 / 2017
Transaction ID : 4EAC8A35E831E563F910
 Amount of Each Receipt this Period 91.25
 Memo Item

B. Phythian, Michael, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1509 Vanderbilt Dr
 City Fort Wayne State IN Zip Code 46845-2366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAFW Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 02 / 2017
Transaction ID : 339A972CB9BA4B5CAD53
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Pitcher, Brian, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4701 Newcomb Pl
 City Alexandria State VA Zip Code 22304-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 06 / 2017
Transaction ID : 4200AE68EFA15B2F061D
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 574.58
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 100
	<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. Plautz, Danette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9020 Pettit Dr
 City Highland State IN Zip Code 46322-2154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 15 / 2017
Transaction ID : 48618EBF033CA308CE6A
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Poepsel, Maria, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Dublin Ave
 City Columbia State MO Zip Code 65203-5368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MSMP Anesthesia Services, LLC Occupation (for Individual) Owner-CEO; CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.84

Date of Receipt 07 / 09 / 2017
Transaction ID : 4E1DA6FBA22EABA880AA
 Amount of Each Receipt this Period 30.42
 Memo Item

C. Powell, Steven, MacGray, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 N Pathfinders Cir
 City The Woodlands State TX Zip Code 77381-4023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas HSC Houston Occupation (for Individual) Student Nurse Anesthetist (SRNA)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2017
Transaction ID : 4A17957ED654EAC2EFF7
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Price, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 645 Mosswood Ln
 City Spartanburg State SC Zip Code 29301-5350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Price Anesthesia Services, LLC Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2017
Transaction ID : CC0818A8F2EE4CCFAB88
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Putman, Noel, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2975 N Ramble Rd W
 City Bloomington State IN Zip Code 47408-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Vincent Medical Group Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 07 / 06 / 2017
Transaction ID : 453CBB2B441A68D4D2FE
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Rabinowitz, Seth, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Muirfield Rd
 City Falmouth State ME Zip Code 04105-1177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Adventist Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 07 / 12 / 2017
Transaction ID : 4A34B34D65D7F62D42E2
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	365.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Reckard, Derek, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3205 Siler Dr
 City Finleyville State PA Zip Code 15332-1527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburg Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 22 / 2017
Transaction ID : 44FE8E43536D0ECC025F
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Reed, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N3587 Otsego Rd
 City Rio State WI Zip Code 53960-9205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbus Community Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2017
Transaction ID : 1C0D41DF8F844AC5A7FF
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Reed, Troy, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2202 Hidden Mdw
 City New Braunfels State TX Zip Code 78130-4831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anesthesia Associates of Seguin Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2017
Transaction ID : 41366980F8014AF9A655
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	780.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Reede, Lynn, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 787 Graceland Ave
 Unit 508
 City Des Plaines State IL Zip Code 60016-8631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aultman Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 940.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2017
Transaction ID : 4ADA8D3FC110911F76D6
 Amount of Each Receipt this Period
 84.34
 Memo Item

B. Reidy, Catherine, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 Abes Landing Dr
 City Granbury State TX Zip Code 76049-1571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed. Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2017
Transaction ID : 4545AA8B3B1FFBC6341D
 Amount of Each Receipt this Period
 30.41
 Memo Item

C. Rigelman, Gregory, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 15148
 City Tumwater State WA Zip Code 98511-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2017
Transaction ID : AE21E6DA7C7B456EA935
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	364.75
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robertson, Angela, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1221 Lovingood Ln
 City Chapel Hill State NC Zip Code 27516-8326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Current full time student in CRNA scho
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 28 / 2017
Transaction ID : 47F981DEE850DCD3C8C4
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Roesler, Donald, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3404 W 90th St
 City Sioux Falls State SD Zip Code 57108-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avera McKenna Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2245.00

Date of Receipt 07 / 23 / 2017
Transaction ID : F5036E2F39EF449EA96A
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Rogers, John, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Georgetown Ct
 City Macon State GA Zip Code 31210-3076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kitchener &assoc, LLC Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2017
Transaction ID : CA531E24BB87408A983D
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	780.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Romanowski, Christopher, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9003 Gardenia Rd
 City Baltimore State MD Zip Code 21236-1764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REST ASSURED PA Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2017
Transaction ID : CFABF68498F94092AD76
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Rotar, Scott, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8341 Doolittle Rd
 City Minocqua State WI Zip Code 54548-9106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwoods Vital Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2017
Transaction ID : 4B15903FD9695C1EF974
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Rybinski, Spencer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1213 Grandview Rd
 City Bloomsburg State PA Zip Code 17815-8954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 07 / 2017
Transaction ID : 4490B67005FF55A8E9EB
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	413.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sadler, Angela, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 696 19th St
 City Des Moines State IA Zip Code 50314-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metro Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 06 / 2017
Transaction ID : 42028A1770A0298C6290
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Sanchez, Donna, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Amity Rd
 City Woodbridge State CT Zip Code 06525-1207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yale New Haven Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 26 / 2017
Transaction ID : 48D3A4884A7B5FC2B7F5
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Sanders, Kay, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9994 Boat Club Rd
 City Ft Worth State TX Zip Code 76179-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TCU Occupation (for Individual) PROGRAM DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3958.31

Date of Receipt 07 / 14 / 2017
Transaction ID : 4238B0831A146769D26E
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	391.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Satterfield, Teresa, Yvonne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1886 Mt Willing Rd
 City Leesville State SC Zip Code 29070-7238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) lexington medical center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.00

Date of Receipt 07 / 04 / 2017
Transaction ID : 4D60AC0DE1520DD3E518
 Amount of Each Receipt this Period 67.00
 Memo Item

B. Satterfield, Teresa, Yvonne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1886 Mt Willing Rd
 City Leesville State SC Zip Code 29070-7238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) lexington medical center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 519.00

Date of Receipt 07 / 21 / 2017
Transaction ID : 9E70887716BD4EDB9A28
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Schettler, Jonathan, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18942 161st Ave
 City Manchester State IA Zip Code 52057-8896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Student Registered Nurse Anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 10 / 2017
Transaction ID : 4EBFA6D29A39568C54AF
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	147.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Schmidt, Susan, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3960 Liberty Rd
 City Delaware State OH Zip Code 43015-8618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Ohio Anesthesia, Inc Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 05 / 2017
Transaction ID : 4A7B9ECBA31A6DB20CFE
 Amount of Each Receipt this Period 91.25
 Memo Item

B. Schmitt, Alvin, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 246
 City Gregory State SD Zip Code 57533-0246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rural Anesthesia Services, P.C. Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 06 / 2017
Transaction ID : 4978A038A54CE66C6B7E
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Schmitt, Jennifer, Louise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19001 Hill Valley Way
 City Edmond State OK Zip Code 73012-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Endoscopy Center at Meridian Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.94

Date of Receipt 07 / 10 / 2017
Transaction ID : 4AC1A41A86F53F86EE93
 Amount of Each Receipt this Period 30.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Schneider, Paul, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 908 N Main St
 City Brewer State ME Zip Code 04412-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nurse Anesthesia of Maine Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2017
Transaction ID : E36B32FC16A7409E9507
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Schosky, Cheryl, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Amandas Autumn Ln
 City Taylors State SC Zip Code 29687-6356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spartanburg Regional Healthcare System Occupation (for Individual) crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 512.87

Date of Receipt 07 / 21 / 2017
Transaction ID : 4E83A01DC288C58E1E9D
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Segres, Shannon, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1712 Lantern Mews
 City Baltimore State MD Zip Code 21205-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins University Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 05 / 2017
Transaction ID : 4198788ACE194B0594C5
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	364.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Self, Melvin, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 Robert E Lee Dr
 City Greenwood State MS Zip Code 38930-2449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenwood Leflore Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 28 / 2017
Transaction ID : 460DA61F1C5C09B84BEB
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Self, William, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Choctaw Trl
 City Ormond Beach State FL Zip Code 32174-4347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Halifax Anesthesiology Associates Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 18 / 2017
Transaction ID : 4E3DBC38AD48939C336F
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Setnor, Janet, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7766 Camp David Dr
 City Springfield State VA Zip Code 22153-2370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin-Weston Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 07 / 09 / 2017
Transaction ID : 4FE5A4C0B5DD50E514B2
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Shade, Pamela, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8407 Hannum Ave
 City Culver City State CA Zip Code 90230-6158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 28 / 2017**
Transaction ID : 550D816F3EDD4E648177
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Shaffer, Scott, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10940 County Road 240
 City Salida State CO Zip Code 81201-9222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self/Monarch Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1508.31**

Date of Receipt **07 / 23 / 2017**
Transaction ID : 458BB04587169BAAF424
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Shambo, Lyda, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Central Park W Apt 4G
 City New York State NY Zip Code 10025-4313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 18 / 2017**
Transaction ID : 18269036BE35419FA636
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	708.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Shipley, Philip, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2337 Park Ln
 City Holt State MI Zip Code 48842-1267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SPARROW HOSPITAL Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt 07 / 10 / 2017
Transaction ID : 432BB81540D9480B0B88
 Amount of Each Receipt this Period 30.42
 Memo Item

B. Silva, Jason, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3121 Buffalo Speedway Apt 3101
 City Houston State TX Zip Code 77098-1846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) md anderson cancer center Occupation (for Individual) crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2017
Transaction ID : 465495D9911FFCA97AA0
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Sims, Faresha, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 Washington Ave Apt 1105
 City Towson State MD Zip Code 21204-4724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2017
Transaction ID : 7B7511B558204087947D
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	310.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sineath, Jo, Traurig, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 Trackrock Acres
 City Blairsville State GA Zip Code 30512-3650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mountain Town Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2017
Transaction ID : 4BBC1C51791440EE8528
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Smith, Christine, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4186 Maplewood Meadows Ave
 City Grand Blanc State MI Zip Code 48439-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedNax Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.53

Date of Receipt 07 / 27 / 2017
Transaction ID : 403986D87D0EDBB34BCB
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Smith, Kandi, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 E Pradera Ct
 City Fort Worth State TX Zip Code 76108-9595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Star Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 15 / 2017
Transaction ID : 41BA9574804402359B54
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	363.74
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Smith, Rebecca, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4204 Fawn Run
 City Medina State OH Zip Code 44256-6918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NorthStar Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2017
Transaction ID : 441BF0F6AC684EA886BA
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sonson, Susan, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5757 Collins Ave Apt 1101
 City Miami Beach State FL Zip Code 33140-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jackson Memorial Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 07 / 2017
Transaction ID : 7DE57C16740C48179334
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Stephenson, Kara, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Aspen pointe ct
 City St. Peters 63376 State MO Zip Code 63026-3706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Louis Surgical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 09 / 2017
Transaction ID : 43D3BE63E32B14332E2E
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	780.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 100		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Storer, Kathleen, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 McClelland Ave
 City Erie State PA Zip Code 16510-1355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North American Partners in Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 15 / 2017
Transaction ID : 46B58F2BC1392AEEDC3C
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Stump, Lawrence, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Lyndenglen Dr Apt 208
 City Ann Arbor State MI Zip Code 48103-6982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ann Arbor MI Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 05 / 2017
Transaction ID : 07BA79B7BC134B6CA250
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Sweeney, Charles, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3949 Wrexham Ct
 City Bensalem State PA Zip Code 19020-4815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Anesthesia Services Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.41

Date of Receipt 07 / 14 / 2017
Transaction ID : 443D9B883EE5069D5670
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	110.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tarpoff, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Meadow Ln
 City Springfield State OH Zip Code 45505-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Anesthesia Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2017
Transaction ID : B59C0137116B41268D76
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Terrault, David, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2410 Boyer Ave E Apt 209
 City Seattle State WA Zip Code 98112-2142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2017
Transaction ID : 9558D49233AD4C3C8785
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thackston, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1359 C St NE
 City Washington State DC Zip Code 20002-6464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AANA Occupation (for Individual) Federal Govt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.24

Date of Receipt 07 / 20 / 2017
Transaction ID : 457EA2A23B84F002F020
 Amount of Each Receipt this Period 55.56
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	555.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 100
	<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. Thiemann, Joslin, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1621 Manchester Pl
 City Waconia State MN Zip Code 55387-4547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glencoe Regional Health Services Occupation (for Individual) Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 13 / 2017
Transaction ID : 17721D43B12A499FB184
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Thomas, Jeffrey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4222 Gosford Dr
 City Avon State OH Zip Code 44011-4419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Team Health Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 24 / 2017
Transaction ID : 4046AF7A442CFF812F60
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Titre, Bonnie, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7677 Abner Rd
 City Terrell State TX Zip Code 75161-7975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 30 / 2017
Transaction ID : 4F0D82CE98DAFB1551BB
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Toland, Brenda, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2340 Buckhorn Dr
 City Norman State OK Zip Code 73072-2981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Oklahoma Health Sciences Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 462.94

Date of Receipt 07 / 12 / 2017
Transaction ID : 49CDA156D102C10F6582
 Amount of Each Receipt this Period 30.42
 Memo Item

B. Tollenaar, Tricia, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Brewer Dr
 City Marquette State MI Zip Code 49855-9588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UP Health Systems Marquette Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 212.87

Date of Receipt 07 / 14 / 2017
Transaction ID : 475E98A206028BCEFF466
 Amount of Each Receipt this Period 30.41
 Memo Item

C. Tonry, David, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 W College Ave
 City Jacksonville State IL Zip Code 62650-2355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Passavant Area Hospital - A Memorial A Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 212.87

Date of Receipt 07 / 09 / 2017
Transaction ID : 4A39BED9093E329D5AD1
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 91.24
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ulcak, Elizabeth, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4893 Brown Dr
 City Kailua State HI Zip Code 96734-4867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Hanover Regional Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 16 / 2017
Transaction ID : 4C25B7AEEEFB907AE075
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Velocci, Dina, Filomena, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Old Hickory Blvd Apt 3014
 City Nashville State TN Zip Code 37221-1413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VUMC Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 07 / 12 / 2017
Transaction ID : 4697B06FD64A7E612ECF
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Vierthaler, Donna, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2866 N Wilderness Ct
 City Wichita State KS Zip Code 67226-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Via Christi St Francis Hosp Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 07 / 16 / 2017
Transaction ID : 4155B5704CEDE9C335A9
 Amount of Each Receipt this Period 625.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	705.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Vo, Anthony, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16421 Along Creek Cv
 City Austin State TX Zip Code 78717-3991
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAG Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 03 / 2017
Transaction ID : 4C498AEB807297067ABD
 Amount of Each Receipt this Period 50.00
 Memo Item

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

Date of Receipt 07 / 13 / 2017
Transaction ID : 7C034951-13CD-43F2-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Walsh, Robert, Phillip, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12566 Tall Pine Dr
 City Sainte Genevieve State MO Zip Code 63670-8617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Genevieve County Memorial Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 21 / 2017
Transaction ID : 4DAF928E99EE314D12FA
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ward, Robyn, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Johnson Bayou Dr
 City Panama City Beach State FL Zip Code 32407-2542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ft. Belvoir Comm Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2017
Transaction ID : 47A09B3691B5D2C37E21
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Waterlander, Edna, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32840 W FM 8
 City Dublin State TX Zip Code 76446-3336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) northstar anesthesia Occupation (for Individual) crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 07 / 2017
Transaction ID : EFD5677974AC4C95A282
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Weathers, George, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 147 County Road 399
 City Carrollton State MS Zip Code 38917-7095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenwood lefore hospital Occupation (for Individual) Crna
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 12 / 2017
Transaction ID : E4FF922B-DED0-466C-
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 100
	<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. Whitby, Charles, B, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Montrose Ave
 City Sierra Vista State AZ Zip Code 85635-8336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Canyon Vista Medical Center Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2017
Transaction ID : BF39740C62024016B3B0
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. White, Kathryn, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Harriet Ave
 City Shoreview State MN Zip Code 55126-3918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2017
Transaction ID : 4C05861317C10B1181AC
 Amount of Each Receipt this Period
 33.34
 Memo Item

C. White, Kathryn, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Harriet Ave
 City Shoreview State MN Zip Code 55126-3918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2017
Transaction ID : 56CE4538F0DF4AAD8183
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	533.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 100
	<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. White, Maura, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4430 Old Mill Rd
 City Fort Wayne State IN Zip Code 46807-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) none Occupation (for Individual) student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 15 / 2017
Transaction ID : 4D22A6C60910C4908784
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Whiteley, Jason, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12111 S 4th St
 City Jenks State OK Zip Code 74037-4968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Whiteley Anesthesia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 11 / 2017
Transaction ID : 4E98BA76EFAF4D7FD161
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Whitley, Lisa, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Meeting Hall Dr
 City Morrisville State NC Zip Code 27560-5526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Hospital Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 30 / 2017
Transaction ID : 4666963CE9D43D520315
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Wielar, Amy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 Village Rd
 City Charlottesville State VA Zip Code 22903-4031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Virginia Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2017
Transaction ID : CD3C83DDD0E6493D9F3A
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Wray, Michael, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23624 SW Robson Ter
 City Sherwood State OR Zip Code 97140-7057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michael Wray, PC Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 12 / 2017
Transaction ID : 4DE0847E562FE60EDF2B
 Amount of Each Receipt this Period 250.00
 Memo Item

C. York, Stephen, Cory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Leebark Cv
 City Jackson State TN Zip Code 38305-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union University Occupation (for Individual) SRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 25 / 2017
Transaction ID : 495CBAF572784C4F3A22
 Amount of Each Receipt this Period 30.41
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.41
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Yudt, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 788 Heartwood Dr
 City Winnabow State NC Zip Code 28479-5832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bon Secours Health System Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 11 / 2017
Transaction ID : 4A4D914C8EFC5CAADA7C
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Zelaya, Pauline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8009 Macnish Dr NE
 City Albuquerque State NM Zip Code 87109-6475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANesthesia Assoc. of NM Occupation (for Individual) CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 02 / 2017
Transaction ID : 432FAEE11906F9545F86
 Amount of Each Receipt this Period 83.33
 Memo Item

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

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	113.74
TOTAL This Period (last page this line number only).....	31937.89

**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"/> 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. Buddy Carter For Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement 2018 Primary

Category/Type

Candidate Name Carter, Earl, L. B., ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: GA District: 01

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2017

FEC Identification Number

Transaction ID : 81AB096331E
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Collins For Congress

Mailing Address PO Box 386

City Clarence State NY Zip Code 14031-0386

Purpose of Disbursement 2018 Primary

Category/Type

Candidate Name Collins, Christopher, Carl, ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NY District: 27

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2017

FEC Identification Number

Transaction ID : D8AFB122F8I
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Cotton For Senate

Mailing Address PO Box 379

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement 2020 Primary

Category/Type

Candidate Name Cotton, Thomas, Bryant, ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: AR District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2017

FEC Identification Number

Transaction ID : FE25D8765C
 Amount of Each Disbursement this Period

Memo Item

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"/> 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. Dakota PAC

Mailing Address PO Box 3206

City
Bismarck

State
ND

Zip Code
58502

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name
Dakota PAC

Office Sought:
 House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number

C C00493072

Transaction ID : 2D261132E99

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City
Cleveland

State
OH

Zip Code
44143-3710

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name
Joyce, David, Patrick, ,

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: OH District: 14

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number

C C00527457

Transaction ID : D00A4557D24

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gregg Harper For Congress

Mailing Address Post Office Box 54344

City
Pearl

State
MS

Zip Code
39288

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name
Harper, Gregg, , ,

Office Sought:
 House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MS District: 03

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2017

FEC Identification Number

C C00441295

Transaction ID : A2F0D55E12

Amount of Each Disbursement this Period

1000.00

Memo Item

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"/> 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. Karen Bass For Congress

Mailing Address 1050 17Th St NW
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name

Bass, Karen, Ruth, ,

Office Sought: House Senate President
State: CA District: 37

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number

C C00476523

Transaction ID : 3D1168E6694

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kind For Congress Committee

Mailing Address 205 5Th Avenue S
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name

Kind, Ronald, James, ,

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

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number

C C00312017

Transaction ID : 7BE97742B6F

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Langevin For Congress

Mailing Address 181A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name

Langevin, James, R., ,

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

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2017

FEC Identification Number

C C00344697

Transaction ID : 4F4B205EAC

Amount of Each Disbursement this Period

1500.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Maggie For Nh

Mailing Address PO Box 298

City Concord State NH Zip Code 03302

Purpose of Disbursement
2022 Primary

Category/
Type

Candidate Name
Hassan, Margaret, Wood, ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NH District:

Date of Disbursement
MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number
C C00588772
Transaction ID : 849FFA7A37/
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2018 General

Category/
Type

Candidate Name
Heinrich, Martin, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NM District:

Date of Disbursement
MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number
C C00434563
Transaction ID : B3EF53F75D1
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name
Heinrich, Martin, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NM District:

Date of Disbursement
MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number
C C00434563
Transaction ID : 2749437B07C
Amount of Each Disbursement this Period
1500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. McSally For Congress

Mailing Address PO Box 19128

City
Tucson

State
AZ

Zip Code
85731-9128

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

McSally, Martha, Elizabeth, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2017

FEC Identification Number

C C00512236

Transaction ID : 4B878F48F06

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Gallagher For Wisconsin

Mailing Address PO Box 1027

City
Green Bay

State
WI

Zip Code
54305

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Gallagher, Michael, John, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2017

FEC Identification Number

C C00610212

Transaction ID : 0060ADD57B!

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Perimeter PAC

Mailing Address 124 Washington Street
Suite 101

City
Foxboro

State
MA

Zip Code
02035

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Perimeter PAC

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2017

FEC Identification Number

C C00544254

Transaction ID : E138A21362I

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

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

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Progressive Choices PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2017

Mailing Address P.O. Box 58

FEC Identification Number

C C00381806

Transaction ID : 66A855DCF4.

Amount of Each Disbursement this Period

2500.00

Memo Item

City Evanston State IL Zip Code 60204

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name

Progressive Choices PAC

Office Sought: House Senate President

Disbursement For: 2017
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2017

Mailing Address 76 Magnolia Terrace

FEC Identification Number

C C00226522

Transaction ID : 854F1816ADE

Amount of Each Disbursement this Period

1000.00

Memo Item

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Neal, Richard, Edmund, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MA District: 01

Full Name (Last, First, Middle Initial)

C. Scott Peters For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	25	/	2017

Mailing Address PO Box 22074

FEC Identification Number

C C00503110

Transaction ID : 451C69A9EB

Amount of Each Disbursement this Period

1000.00

Memo Item

City San Diego State CA Zip Code 92192

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Peters, Scott, H., ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 52

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:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Shaheen For Senate

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement
2020 General

Category/
Type

Candidate Name
Shaheen, Jeanne, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NH District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A9B836F469
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address P.O. Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2017 Contribution

Category/
Type

Candidate Name
Shore PAC

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Contribution
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : E22B3D968D
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement
2022 Primary

Category/
Type

Candidate Name
Scott, Timothy, Eugene, ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: SC District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 03B5769652
Amount of Each Disbursement this Period

Memo Item

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:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Upton For All Of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Upton, Frederick, Stephen, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number

C C00200584

Transaction ID : F0B43228441

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Shimkus, John, M., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: IL District: 15

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2017

FEC Identification Number

C C00258855

Transaction ID : 9E171F00DDf

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

34000.00