

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		459845.65
(b) Cash on Hand at Beginning of Reporting Period.....	473254.07	
(c) Total Receipts (from Line 19)	105298.46	562208.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	578552.53	1022053.67
7. Total Disbursements (from Line 31).....	58649.89	502151.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	519902.64	519902.64
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).....	52246.50	321212.50
(ii) Unitemized	53051.91	238995.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	105298.41	560207.62
(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)	105298.41	560207.62
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.05	0.40
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))..... ▶	105298.46	562208.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	105298.46	562208.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1649.89	10559.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1649.89	10559.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57000.00	485400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1200.00
(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	1200.00
29. Other Disbursements	0.00	4991.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	58649.89	502151.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58649.89	502151.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	105298.41	560207.62
34. Total Contribution Refunds (from Line 28(d))	0.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	105298.41	559007.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1649.89	10559.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1649.89	10559.78

**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 91
	<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	

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 (Last, First, Middle Initial)
A. Lawrence R Stump

Mailing Address 220 Lyndenglen Dr Apt 208

City	State	Zip Code
Ann Arbor	MI	48103-6982

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

Name of Employer	Occupation
Ann Arbor MI Hospital	CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2012

Transaction ID : 35253442

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)
B. Patti A Hendrix

Mailing Address PO Box 8690

City	State	Zip Code
Kodiak	AK	99615-8690

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

Name of Employer	Occupation
Alaska Regional Hospital	CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : 35253444

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
c. Ibra L Ripley III

Mailing Address 283 Hio Ridge Rd

City	State	Zip Code
Denmark	ME	04022-5401

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

Name of Employer	Occupation
Bridgton Hospital	CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1165.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : 35253446

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David P Rakey		Date of Receipt 08 / 05 / 2012 Transaction ID : 35253447
Mailing Address 14 Fairway Dr		Amount of Each Receipt this Period 100.00
City Mount Vernon	State IL	Zip Code 62864-2621
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Anthony J Chipas		Date of Receipt 08 / 05 / 2012 Transaction ID : 35253448
Mailing Address 907 Players Cir		Amount of Each Receipt this Period 85.00
City Summerville	State SC	Zip Code 29485-6224
FEC ID number of contributing federal political committee. C		
Name of Employer MUSC Medical Center	Occupation Associate Professor Program Director A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1925.00	

Full Name (Last, First, Middle Initial) C. Amy P Pfeil Neimkin		Date of Receipt 08 / 05 / 2012 Transaction ID : 35253450
Mailing Address 368 Woodward Ct		Amount of Each Receipt this Period 85.00
City Birmingham	State AL	Zip Code 35242-6040
FEC ID number of contributing federal political committee. C		
Name of Employer University of Alabama at Birmingham	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1180.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 91
	<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. Cheryl L Nimmo
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Aberdeen Rd
 City East Providence State RI Zip Code 02915-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Medicine Foundation in Prov Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1535.00**

Date of Receipt **08 / 05 / 2012**
Transaction ID : 35253451
 Amount of Each Receipt this Period **100.00**

B. Kathryn W White
 Full Name (Last, First, Middle Initial)
 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 Self Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 21 / 2012**
Transaction ID : 35253452
 Amount of Each Receipt this Period **250.00**

C. Wilma K Gillis
 Full Name (Last, First, Middle Initial)
 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 UW Hospital and Clinics Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt **08 / 05 / 2012**
Transaction ID : 35253456
 Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional).....▶	410.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 91
	<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. Jeffrey L Reichel
Full Name (Last, First, Middle Initial)

Mailing Address 8177 Kimbro Ave N

City Stillwater State MN Zip Code 55082-8329

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

Name of Employer Reichel Anesthesia Services Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253458

Amount of Each Receipt this Period 100.00

B. Jeffrey L Reichel
Full Name (Last, First, Middle Initial)

Mailing Address 8177 Kimbro Ave N

City Stillwater State MN Zip Code 55082-8329

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

Name of Employer Reichel Anesthesia Services Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253459

Amount of Each Receipt this Period 200.00

C. Donald J Roesler
Full Name (Last, First, Middle Initial)

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 Orange City Hospital Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 08 / 06 / 2012
Transaction ID : 35253460

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1030.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bruce A Weiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 9901 Emerald Links Dr
 City Tampa State FL Zip Code 33626-2551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Hospital Carrollwood Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253461
 Amount of Each Receipt this Period 85.00

B. Gerald C Pedersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3617 Hyacinth Ave
 City Baton Rouge State LA Zip Code 70808-2933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lane Regional Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253463
 Amount of Each Receipt this Period 20.00

C. Kerry C Snyder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Fairmeadow Rd
 City Memphis State TN Zip Code 38117-5414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Medical Group, Inc. Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253464
 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 91
	<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. Wendell D Spencer
 Full Name (Last, First, Middle Initial)
 Mailing Address 49130 W Benton St
 City Oneill State NE Zip Code 68763-4604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NCAS, LLC Occupation CRNA owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253465
 Amount of Each Receipt this Period 85.00

B. Victor L Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 Stonewater Blvd
 City Franklin State TN Zip Code 37064-4858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Declined Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253466
 Amount of Each Receipt this Period 50.00

C. Margaret M Bertman-Reed
 Full Name (Last, First, Middle Initial)
 Mailing Address 82 Hillview Dr
 City Danville State CA Zip Code 94506-1312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Occupation Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253467
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 91
	<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"/>	<input type="checkbox"/> 17

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

A. Stephen J Yermal
Full Name (Last, First, Middle Initial)

Mailing Address 1000 SW Vista Ave Apt 1215

City Portland	State OR	Zip Code 97205-1142
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FEC ID number of contributing federal political committee. **C**

Name of Employer OHSU Nurse Anesthesia Program	Occupation Director
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : 35253468

Amount of Each Receipt this Period

85.00

B. Steven R Leach
Full Name (Last, First, Middle Initial)

Mailing Address 1049 Redfish St

City Bayou Vista	State TX	Zip Code 77563-2711
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Texas Medical Br	Occupation CRNA
--	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : 35253472

Amount of Each Receipt this Period

85.00

C. Randy L McGee
Full Name (Last, First, Middle Initial)

Mailing Address 2100 Payne Rd

City Ellensburg	State WA	Zip Code 98926-7898
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation NURES ANESTHETIST
--------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : 35253473

Amount of Each Receipt this Period

85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 91
	<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. Robert J Gauvin
Full Name (Last, First, Middle Initial)

Mailing Address 1 Riverside Dr

City Mattapoisett State MA Zip Code 02739-1445

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

Name of Employer Ophthalmologists Plymouth Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2012

Transaction ID : 35253474

Amount of Each Receipt this Period
 85.00

B. Catherine A Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 1861 E Audubon Blvd

City Lancaster State OH Zip Code 43130-9819

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

Name of Employer Pickaway Health Services Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2012

Transaction ID : 35253475

Amount of Each Receipt this Period
 65.00

C. Louise M Scudieri
Full Name (Last, First, Middle Initial)

Mailing Address 1613 Thousand Oaks Dr

City Decatur State TX Zip Code 76234-3753

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

Name of Employer Smooth Inductions, P.C. Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2012

Transaction ID : 35253476

Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 91
	<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. Debra A Barber
 Full Name (Last, First, Middle Initial)
 Mailing Address 834 Inspiration Way
 City Louisville State KY Zip Code 40245-3989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Triple Crown Anesthesia Occupation Nurse anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253477
 Amount of Each Receipt this Period 50.00

B. Marjorie A Geisz-Everson
 Full Name (Last, First, Middle Initial)
 Mailing Address 11001 Patterson Rd
 City New Orleans State LA Zip Code 70131-3251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSUHSC School of Nursing Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253479
 Amount of Each Receipt this Period 100.00

C. John A Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4225 Canterbury Ct
 City Jackson State MS Zip Code 39211-6205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Declined Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 14 / 2012
Transaction ID : 35253480
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 91
	<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. Mark Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 1376 Acworth Rd
 City Charlestown State NH Zip Code 03603-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springfield Hospital Occupation Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 838.00

Date of Receipt 08 / 14 / 2012
Transaction ID : 35253482
 Amount of Each Receipt this Period 84.00

B. William G Schorgl
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 Sedona Creek Cir
 City Las Vegas State NV Zip Code 89128-8215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Health Care Occupation Crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253483
 Amount of Each Receipt this Period 85.00

C. Sharon G Niemann
 Full Name (Last, First, Middle Initial)
 Mailing Address 2641 S 218th St W
 City Goddard State KS Zip Code 67052-9275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newman University Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253485
 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional).....▶	254.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 91
	<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. Timothy T Gollaher
 Full Name (Last, First, Middle Initial)
 Mailing Address 4505 Quail Hollow Ct
 City Fort Worth State TX Zip Code 76133-6613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Christian University/Plaza Medic Occupation CRNA/Clinical Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 05 / 2012**
Transaction ID : 35253488
 Amount of Each Receipt this Period **1000.00**

B. Michael J Ruebusch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3272 Anniston Dr
 City Cincinnati State OH Zip Code 45248-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dearborn County Hospital Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1320.00**

Date of Receipt **08 / 05 / 2012**
Transaction ID : 35253489
 Amount of Each Receipt this Period **85.00**

C. Debra P Pecka Malina
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 N 13th Ct
 City Hollywood State FL Zip Code 33019-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barry University - Health Sciences Adm Occupation Assistant Director of Clinical Educati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **08 / 05 / 2012**
Transaction ID : 35253493
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	1185.00
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 91
	<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. Jill M Stulce
Full Name (Last, First, Middle Initial)

Mailing Address 315 Steeple Ln

City Wildwood State MO Zip Code 63005-4201

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

Name of Employer St. Mary's Health Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2012

Transaction ID : 35253496

Amount of Each Receipt this Period
85.00

B. Michael R Wray
Full Name (Last, First, Middle Initial)

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 Michael Wray, PC Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2012

Transaction ID : 35253499

Amount of Each Receipt this Period
500.00

C. Sheryl R Roesler
Full Name (Last, First, Middle Initial)

Mailing Address 2911 N Ohlman St Apt 6

City Mitchell State SD Zip Code 57301-5061

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

Name of Employer Avera Queen of Peace Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : 35253500

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1585.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 91
	<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. Lisa K Willey
Full Name (Last, First, Middle Initial)

Mailing Address 50 Burkhart Rd

City State Zip Code
Lowell OH 45744-7360

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

Name of Employer Occupation
Marietta Memorial Hospita CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
08 / 05 / 2012
Transaction ID : 35253501

Amount of Each Receipt this Period
85.00

B. Mark J Haffey
Full Name (Last, First, Middle Initial)

Mailing Address 1411 Leeds Dr

City State Zip Code
Franklin TN 37067-8653

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

Name of Employer Occupation
Vanderbilt University Medical Center CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
08 / 05 / 2012
Transaction ID : 35253504

Amount of Each Receipt this Period
20.00

C. Michael J Sorosiak
Full Name (Last, First, Middle Initial)

Mailing Address 6030 Cross Trails Rd

City State Zip Code
Sylvania OH 43560-1712

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

Name of Employer Occupation
Morningstar Anesthesia CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 05 / 2012
Transaction ID : 35253509

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 91
	<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. Dina Velocci
Full Name (Last, First, Middle Initial)

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 VUMC	Occupation CRNA
--------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : 35253513

Amount of Each Receipt this Period

2012	08	05	2012
50.00			

B. Bruce A Herr Jr
Full Name (Last, First, Middle Initial)

Mailing Address 4200 Cathedral Ave NW Unit 717

City Washington	State DC	Zip Code 20016-4934
--------------------	-------------	------------------------

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

Name of Employer MedStar Health - Wash Hosp Ctr	Occupation CRNA
--	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : 35253516

Amount of Each Receipt this Period

2012	08	05	2012
85.00			

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

Mailing Address 10 Oak Springs Dr

City Arden	State NC	Zip Code 28704-8834
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2012

Transaction ID : 35253517

Amount of Each Receipt this Period

2012	08	05	2012
85.00			

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 91
	<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. Gram M Cotton
Full Name (Last, First, Middle Initial)
Mailing Address N4762 600th St
City Menomonie State WI Zip Code 54751-6566
FEC ID number of contributing federal political committee. **C**
Name of Employer Menomonie Hospital Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253520
Amount of Each Receipt this Period 85.00

B. Janet L Lyson Ostendarp
Full Name (Last, First, Middle Initial)
Mailing Address 18812 Maple Leaf Dr
City Hudson State FL Zip Code 34667-6319
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesiology Associates, Oak Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253523
Amount of Each Receipt this Period 85.00

C. Kimberly Anne Gordon
Full Name (Last, First, Middle Initial)
Mailing Address 310 W 4th St Apt 1002
City Winston Salem State NC Zip Code 27101-2884
FEC ID number of contributing federal political committee. **C**
Name of Employer Wake Forest Baptist Medical Center Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253525
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 420.00
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 21 OF 91
	<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. Jamie Hennessey
Full Name (Last, First, Middle Initial)

Mailing Address 321 Old Forest Rd

City Wynnewood State PA Zip Code 19096-4056

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

Name of Employer Penn Presbyterian Medical Cent Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2012

Transaction ID : 35253528

Amount of Each Receipt this Period
 300.00

B. Scott W Rigdon
Full Name (Last, First, Middle Initial)

Mailing Address 425 NE Scenic Dr

City Grants Pass State OR Zip Code 97526-3443

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

Name of Employer Grants Pass Community Based Outpatient Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2012

Transaction ID : 35253529

Amount of Each Receipt this Period
 85.00

c. T'Any M Carter
Full Name (Last, First, Middle Initial)

Mailing Address 3800 Polk St

City Gary State IN Zip Code 46408-2250

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

Name of Employer Lagrange Pain Medicine Doctors Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2012

Transaction ID : 35253531

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.00

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 91
	<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. Christopher W Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1713 NW 195th Cir
 City Edmond State OK Zip Code 73012-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Health Science Occupation Associate Faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 930.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253532
 Amount of Each Receipt this Period 85.00

B. Mark M Bjornstad
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 N Miller Dr
 City Moorhead State MN Zip Code 56560-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253536
 Amount of Each Receipt this Period 85.00

C. Rachel A Ritter
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Holland St
 City Somerville State MA Zip Code 02144-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer none Occupation RN/SRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 08 / 05 / 2012
Transaction ID : 35253541
 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional).....▶ 180.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 91
	<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. Victor M Rivera-Diaz LTC RET
 Full Name (Last, First, Middle Initial)
 Mailing Address 11511 Yates St
 City Silver Spring State MD Zip Code 20902-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 01 / 2012**
Transaction ID : 35253552
 Amount of Each Receipt this Period **250.00**

B. Norma F Sorelle
 Full Name (Last, First, Middle Initial)
 Mailing Address 3524 Moreno Ct
 City Las Vegas State NV Zip Code 89129-6312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer APRO Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **08 / 26 / 2012**
Transaction ID : 35253565
 Amount of Each Receipt this Period **250.00**

C. Ellen Franks
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 S 6th St
 City Geneva State IL Zip Code 60134-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unknown Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 20 / 2012**
Transaction ID : 35253570
 Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Michael P Troddyn

Mailing Address 90 Barry Road

City Worcester State MA Zip Code 01609-1136

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

Name of Employer UMass Memorial Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012

Transaction ID : 35253571

Amount of Each Receipt this Period
 55.00

Full Name (Last, First, Middle Initial)
B. Jean M Roche

Mailing Address 9S238 Chandelle Dr

City Naperville State IL Zip Code 60564-9431

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

Name of Employer retired Occupation nurse anesthetist

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
 08 / 23 / 2012

Transaction ID : 35253576

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Elton T Berry Jr

Mailing Address 12007 Timberlake Dr

City Cincinnati State OH Zip Code 45249-1351

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

Name of Employer Mercy Hospital Fairfield Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : 35253578

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 91
	<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. Darrel L Simon
Full Name (Last, First, Middle Initial)
Mailing Address 1002 Twin Oaks Dr
City Madison State SD Zip Code 57042-3707
FEC ID number of contributing federal political committee. **C**
Name of Employer Madison Community Hospital Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2012
Transaction ID : 35253580
Amount of Each Receipt this Period 250.00

B. Linda M Huffman
Full Name (Last, First, Middle Initial)
Mailing Address 297 N Sandusky St
City Tiffin State OH Zip Code 44883-1152
FEC ID number of contributing federal political committee. **C**
Name of Employer Youndstown Nurse Anesthesia Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 980.00

Date of Receipt 08 / 23 / 2012
Transaction ID : 35253588
Amount of Each Receipt this Period 250.00

C. Danny L Weller
Full Name (Last, First, Middle Initial)
Mailing Address 333 Dawn Drive
City Greenville State KY Zip Code 42345-1801
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2012
Transaction ID : 35253598
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 91
	<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. Jody L Heriot
Full Name (Last, First, Middle Initial)

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 Broward General Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 23 / 2012

Transaction ID : 35253622

Amount of Each Receipt this Period
 365.00

B. Lawrence M Moehn
Full Name (Last, First, Middle Initial)

Mailing Address 5218 Winding River Rd

City Richmond State TX Zip Code 77406-8235

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

Name of Employer Anderson Cancer Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2012

Transaction ID : 35253626

Amount of Each Receipt this Period
 250.00

C. John F Lyne
Full Name (Last, First, Middle Initial)

Mailing Address 6028 Greenways Dr

City Amarillo State TX Zip Code 79119-4925

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

Name of Employer Triad Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012

Transaction ID : 35253629

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.00

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 28 OF 91
	<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. Robert L Bauer
Full Name (Last, First, Middle Initial)

Mailing Address 220 Prestonwood Trl

City Cape Girardeau State MO Zip Code 63701-9240

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

Name of Employer Heartland Plastic & Hand Surgery Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2012
Transaction ID : 35253640

Amount of Each Receipt this Period 250.00

B. Mike A Sadler
Full Name (Last, First, Middle Initial)

Mailing Address 5860 Westhaven Dr

City Fort Worth State TX Zip Code 76132-2602

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

Name of Employer Texas Christian Univ Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt 08 / 13 / 2012
Transaction ID : 35253646

Amount of Each Receipt this Period 105.00

C. Corinne E Bolser
Full Name (Last, First, Middle Initial)

Mailing Address 478 Carol Dr

City Vadnais Heights State MN Zip Code 55127-4056

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

Name of Employer aapa Occupation crna

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 31 / 2012
Transaction ID : 35253648

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 455.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 91
	<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. Karen S Filipowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 1051 Saunders Rd
 City Riverwoods State IL Zip Code 60015-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2012
Transaction ID : 35253649
 Amount of Each Receipt this Period 250.00

B. Michael J Hein
 Full Name (Last, First, Middle Initial)
 Mailing Address N72 Pine Pl
 City Merrilan State WI Zip Code 54754-7937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2012
Transaction ID : 35253656
 Amount of Each Receipt this Period 250.00

C. Raymond R Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Aimee Rd
 City Ferriday State LA Zip Code 71334-9615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2012
Transaction ID : 35253657
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 91
	<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. Joan M Jagers
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10830

City Fayetteville State AR Zip Code 72703-0049

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

Name of Employer Summit Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 16 / 2012

Transaction ID : 35253659

Amount of Each Receipt this Period
 250.00

B. Daniel Ruffo
Full Name (Last, First, Middle Initial)

Mailing Address 3414 Hindsburg Rd

City Albion State NY Zip Code 14411-9738

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

Name of Employer Unknown Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : 35253667

Amount of Each Receipt this Period
 50.00

C. Jennifer C Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 19 Valleyview Rd

City Jacksonville State IL Zip Code 62650-2636

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

Name of Employer Passavant Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2012

Transaction ID : 35253672

Amount of Each Receipt this Period
 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 91
	<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. Gail N Copeland
Full Name (Last, First, Middle Initial)

Mailing Address 3829 Swan House Ct

City State Zip Code
Burtonsville MD 20866-2076

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

Name of Employer Occupation
Washington Center CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.00

Date of Receipt
08 / 18 / 2012
Transaction ID : 35253676

Amount of Each Receipt this Period
200.00

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

Mailing Address 4011 Oak Creek Dr

City State Zip Code
Nacogdoches TX 75965-6528

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

Name of Employer Occupation
R. Kent Cannaday CRNA PIIC President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
08 / 03 / 2012
Transaction ID : 35253677

Amount of Each Receipt this Period
250.00

C. Bryce L Rockman
Full Name (Last, First, Middle Initial)

Mailing Address 9000 Almeda Rd Apt 4104

City State Zip Code
Houston TX 77054-4330

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

Name of Employer Occupation
self employed Nurse Anesthetist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
08 / 06 / 2012
Transaction ID : 35253687

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 91
	<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. Edward M Mondloch
Full Name (Last, First, Middle Initial)

Mailing Address 3207 Augusta Avenue

City Butte State MT Zip Code 59701-4405

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

Name of Employer NORTHSTAR MEDICAL MANAGEMENT Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012

Transaction ID : 35253690

Amount of Each Receipt this Period
100.00

B. Michael R Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 1228 Westloop PI PMB 263

City Manhattan State KS Zip Code 66502-2840

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

Name of Employer self employed Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : 35253691

Amount of Each Receipt this Period
100.00

C. Rick L Abbott
Full Name (Last, First, Middle Initial)

Mailing Address 3701 Fairway Dr

City Hays State KS Zip Code 67601-1576

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012

Transaction ID : 35253694

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Carmella F Robinson
Full Name (Last, First, Middle Initial)
Mailing Address 1105 Kenmore Ave
City Fredericksburg State VA Zip Code 22401-4722
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 08 / 2012
Transaction ID : 35253701
Amount of Each Receipt this Period
250.00

B. Doyle W Graham
Full Name (Last, First, Middle Initial)
Mailing Address 17174 Leatherwood Dr
City Athens State AL Zip Code 35611-0600
FEC ID number of contributing federal political committee. **C**
Name of Employer Athens-Limestone Hospital Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 12 / 2012
Transaction ID : 35253704
Amount of Each Receipt this Period
300.00

C. Joyce L Marcelonis
Full Name (Last, First, Middle Initial)
Mailing Address 49 Smith Road
City Charlton State MA Zip Code 01507-1617
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Vincent Hospital Facility Practice Occupation CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 09 / 2012
Transaction ID : 35253707
Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 91
	<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. David W Schwytzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 7004 New Bern Ct
 City Prospect State KY Zip Code 40059-9668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David Schwytzer, C.R.N.A. LLC Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 23 / 2012**
Transaction ID : 35253712
 Amount of Each Receipt this Period **250.00**

B. Michael D Findley
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Canyon Ct
 City Yorkville State IL Zip Code 60560-9567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush-Copley Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 15 / 2012**
Transaction ID : 35253720
 Amount of Each Receipt this Period **250.00**

C. Nohemi Meneses T
 Full Name (Last, First, Middle Initial)
 Mailing Address 13425 SW 110th Ave
 City Miami State FL Zip Code 33176-6075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer university of miami Occupation crna
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **465.00**

Date of Receipt **08 / 20 / 2012**
Transaction ID : 35253722
 Amount of Each Receipt this Period **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 91
	<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. James W Havenar
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 52091

City Lafayette State LA Zip Code 70505-2091

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

Name of Employer Self Employed Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 14 / 2012
Transaction ID : 35253733

Amount of Each Receipt this Period
250.00

B. Nick A Deniakos
Full Name (Last, First, Middle Initial)

Mailing Address 1008 Myrtle Dr

City Laurel State MS Zip Code 39440-1233

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

Name of Employer Self Employed Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 28 / 2012
Transaction ID : 35253757

Amount of Each Receipt this Period
300.00

C. John Bistrick
Full Name (Last, First, Middle Initial)

Mailing Address 4252 Faber Place Dr Apt 303

City North Charleston State SC Zip Code 29405-8572

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

Name of Employer self Occupation crna

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 13 / 2012
Transaction ID : 35253758

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 91
	<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. Garalynn V Tomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 32540 Oakhurst Cir
 City North Ridgeville State OH Zip Code 44039-2374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GVT Medical Service Consultants, Inc. Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 31 / 2012
Transaction ID : 35253763
 Amount of Each Receipt this Period
 250.00

B. Charles G Majetich
 Full Name (Last, First, Middle Initial)
 Mailing Address 2926 Eglington Dr
 City Orlando State FL Zip Code 32806-3368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer anesthesiologist of greater Orlando Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 08 / 13 / 2012
Transaction ID : 35253765
 Amount of Each Receipt this Period
 50.00

c. Jed E Guilbeau
 Full Name (Last, First, Middle Initial)
 Mailing Address 839 Arlington St
 City Houston State TX Zip Code 77007-1632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer texas anesthesia Occupation crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 08 / 01 / 2012
Transaction ID : 35253770
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Kay K Keller Sanders
 Full Name (Last, First, Middle Initial)
 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 TCU School of Nurst Anesthesia Occupation CRNA - Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 30 / 2012
Transaction ID : 35253771
 Amount of Each Receipt this Period 2000.00

B. Col Brian D Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Townsend St
 City Malden State MA Zip Code 02148-6323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Anesthesia Associat Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 28 / 2012
Transaction ID : 35253772
 Amount of Each Receipt this Period 250.00

C. Wallace E Lawson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8323 Suffolk Way
 City Gainesville State VA Zip Code 20155-1778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prince William Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2012
Transaction ID : 35253787
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 91
	<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. William R Harding
Full Name (Last, First, Middle Initial)

Mailing Address 740 E 2nd St

City Bloomsburg State PA Zip Code 17815-2009

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

Name of Employer Cardiovascular Surgical Institute Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 15 / 2012
Transaction ID : 35253791

Amount of Each Receipt this Period
 250.00

B. Dennis R Winstead
Full Name (Last, First, Middle Initial)

Mailing Address 25 Sierra St Apt E202

City San Francisco State CA Zip Code 94107-2855

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

Name of Employer Kaiser Permanente Occupation crna

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 555.00

Date of Receipt
 08 / 20 / 2012
Transaction ID : 35253793

Amount of Each Receipt this Period
 55.00

C. Cynthia A Podsednik
Full Name (Last, First, Middle Initial)

Mailing Address 5301 Hilton Head Dr

City Dallas State TX Zip Code 75287-7324

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 08 / 13 / 2012
Transaction ID : 35253797

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	555.00
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 41 OF 91
	<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. Kevin E Zimmer
Full Name (Last, First, Middle Initial)

Mailing Address 10382 Augusta Dr

City: Sauk Centre, State: MN, Zip Code: 56378-4864

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

Name of Employer: St. Michael's Hospital, Occupation: CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 08 / 04 / 2012
Transaction ID : 35253799

Amount of Each Receipt this Period: 250.00

B. Raymond A Luth
Full Name (Last, First, Middle Initial)

Mailing Address 1621 S Carson Ave

City: Tulsa, State: OK, Zip Code: 74119-4215

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

Name of Employer: Oklahoma State Univ Med Ctr, Occupation: CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 08 / 08 / 2012
Transaction ID : 35253801

Amount of Each Receipt this Period: 500.00

c. Christina Daly Chatroo
Full Name (Last, First, Middle Initial)

Mailing Address 4615 Wellston Pt

City: San Diego, State: CA, Zip Code: 92130-1341

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

Name of Employer: Pain Management, Occupation: CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 08 / 15 / 2012
Transaction ID : 35253803

Amount of Each Receipt this Period: 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 91
	<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. Sharon E Hollenkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 1704 Watson Ct
 City Carlsbad State NM Zip Code 88220-4172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer refused Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **405.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2012
Transaction ID : 35253807
 Amount of Each Receipt this Period
155.00

B. Randall J Ryan Sr
 Full Name (Last, First, Middle Initial)
 Mailing Address 688 Glenway Dr
 City Hamilton State OH Zip Code 45013-3560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Queen City Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **355.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2012
Transaction ID : 35253809
 Amount of Each Receipt this Period
355.00

C. Bruce E Bartels
 Full Name (Last, First, Middle Initial)
 Mailing Address 4834 US Highway 151
 City Platteville State WI Zip Code 53818-8905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Health Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2012
Transaction ID : 35253818
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	760.00
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 43 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donna M Karczewski
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 E Treehaven Rd
 City Cheektowaga State NY Zip Code 14215-1411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer State University of New York at Buffal Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2012
Transaction ID : 35253830
 Amount of Each Receipt this Period
 250.00

B. Joel J Schretenthaler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2320 Gun and Rod Cir
 City Brenham State TX Zip Code 77833-5950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Army's Grad Prog. in Anes. Nursing Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2012
Transaction ID : 35253838
 Amount of Each Receipt this Period
 500.00

C. Peter J Pollachek
 Full Name (Last, First, Middle Initial)
 Mailing Address 27240 Dutton Rd
 City Beecher State IL Zip Code 60401-5054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stat Anesthesia Specialists Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2012
Transaction ID : 35253840
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 91
	<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. Peter J Pollachek
Full Name (Last, First, Middle Initial)

Mailing Address 27240 Dutton Rd

City Beecher State IL Zip Code 60401-5054

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

Name of Employer Stat Anesthesia Specialists Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2012

Transaction ID : 35253841

Amount of Each Receipt this Period
 100.00

B. Steven L McKitrick
Full Name (Last, First, Middle Initial)

Mailing Address 2404 Rockford Ln

City Edmond State OK Zip Code 73034-7985

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

Name of Employer McKitrick Anesthesia Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2012

Transaction ID : 35253848

Amount of Each Receipt this Period
 250.00

c. Joseph C O'Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 1016 Oak Rdg

City Schertz State TX Zip Code 78154-1820

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

Name of Employer US Army Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012

Transaction ID : 35253852

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 91
	<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. Luise A Balfanz
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 Childers St
 City Pensacola State FL Zip Code 32534-9630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unknown Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 11 / 2012**
Transaction ID : 35253854
 Amount of Each Receipt this Period **100.00**

B. Randy L McGee
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 Payne Rd
 City Ellensburg State WA Zip Code 98926-7898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation NURES ANESTHETIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **930.00**

Date of Receipt **08 / 20 / 2012**
Transaction ID : 35253855
 Amount of Each Receipt this Period **250.00**

C. CAPT Werner H Beckerhoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 5410 Colibri Pl
 City Farmington State NM Zip Code 87402-0983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Navajo Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 27 / 2012**
Transaction ID : 35253856
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 91
	<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. Kimmerle Miller-Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 3275 E Euclid Rd
 City Mabton State WA Zip Code 98935-9768
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2012
Transaction ID : 35253858
 Amount of Each Receipt this Period
 350.00

B. Kent Kosmatka
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 Sycamore St
 City Goodland State KS Zip Code 67735-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Professional Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012
Transaction ID : 35253860
 Amount of Each Receipt this Period
 250.00

c. Cheryl Martiny-Jorgensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 Partridge Ln
 City Hudson State WI Zip Code 54016-2316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2012
Transaction ID : 35253862
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 91
	<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. Christine M Hein
 Full Name (Last, First, Middle Initial)
 Mailing Address N72 Pine Pl
 City State Zip Code
 Merrillan WI 54754-7937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self employed CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012
Transaction ID : 35253866
 Amount of Each Receipt this Period
 250.00

B. Minda B Stratton
 Full Name (Last, First, Middle Initial)
 Mailing Address 387 Cattlebaron Parc Dr
 City State Zip Code
 Ft Worth TX 76108-9235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 nurse self employed
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012
Transaction ID : 35253870
 Amount of Each Receipt this Period
 100.00

C. Dennis J McKenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Lake Bluff Ct
 City State Zip Code
 Mount Pleasant SC 29466-8097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical University of South Carolina CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : 35253872
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 91
	<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. Peter F Walters
 Full Name (Last, First, Middle Initial)
 Mailing Address 9525 Aspen Ln
 City Eau Claire State WI Zip Code 54703-9122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eau Claire Anesthesiologists Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2012
Transaction ID : 35253877
 Amount of Each Receipt this Period
 250.00

B. CDR Nancy L Curl
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 Scottsdale Dr
 City Advance State NC Zip Code 27006-6959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : 35253879
 Amount of Each Receipt this Period
 250.00

C. Joseph J Burroff
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Quinn Hill Dr
 City El Dorado State AR Zip Code 71730-8869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Interventional Cardiology Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : 35253886
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 91
	<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. Sharon A Mathie
 Full Name (Last, First, Middle Initial)
 Mailing Address 2225 N Saint James Pkwy
 City Cleveland Hts State OH Zip Code 44106-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 04 / 2012
Transaction ID : 35253889
 Amount of Each Receipt this Period
 500.00

B. Paul D Beninga
 Full Name (Last, First, Middle Initial)
 Mailing Address 6804 S Hughes Ave
 City Sioux Falls State SD Zip Code 57108-5834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unknown Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 08 / 13 / 2012
Transaction ID : 35253904
 Amount of Each Receipt this Period
 1000.00

C. Heidi A Reed
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Charles St
 PO Box 146
 City Hillrose State CO Zip Code 80733-9735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. John's Mercy Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 08 / 22 / 2012
Transaction ID : 35253905
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 50 OF 91
	<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. Amy M Nielsen
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 548

City Morton	State WA	Zip Code 98356-0548
----------------	-------------	------------------------

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

Name of Employer Morton General Hospital	Occupation CRNA
---	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2012

Transaction ID : 35253912

Amount of Each Receipt this Period
55.00

B. Frances E Kramer LTC RET
Full Name (Last, First, Middle Initial)
Mailing Address 2531 Frankfort Ave

City El Paso	State TX	Zip Code 79930-1817
-----------------	-------------	------------------------

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

Name of Employer Texas Tech University	Occupation CRNA
---	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		20		2012

Transaction ID : 35253913

Amount of Each Receipt this Period
100.00

C. Affiong K Utuk
Full Name (Last, First, Middle Initial)
Mailing Address 7 Tiffany Lane

City Willingboro	State NJ	Zip Code 08046-6552
---------------------	-------------	------------------------

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

Name of Employer Cooper University Hospital	Occupation CRNA
--	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		17		2012

Transaction ID : 35253915

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	405.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carol L Munsterman
 Full Name (Last, First, Middle Initial)
 Mailing Address 8238 Scenic Shore Ct
 City Sugar Land State TX Zip Code 77478-4752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2012
Transaction ID : 35253917
 Amount of Each Receipt this Period 250.00

B. Lynn G Stuteville
 Full Name (Last, First, Middle Initial)
 Mailing Address 9412 Sunperch Ct
 City Pearland State TX Zip Code 77584-2886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2012
Transaction ID : 35253921
 Amount of Each Receipt this Period 250.00

C. Terri M Cahoon
 Full Name (Last, First, Middle Initial)
 Mailing Address 920 Vestlake Hollow Cir
 City Birmingham State AL Zip Code 35242-7513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Vincents Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2012
Transaction ID : 35253922
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 91
<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. Dr. John C Preston
 Full Name (Last, First, Middle Initial)
 Mailing Address 554 W Rosiland Dr
 City Palatine State IL Zip Code 60074-1093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AANA Occupation Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.52

Date of Receipt 08 / 15 / 2012
Transaction ID : 35253925
 Amount of Each Receipt this Period 250.00

B. John D Ramey
 Full Name (Last, First, Middle Initial)
 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 Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 23 / 2012
Transaction ID : 35253930
 Amount of Each Receipt this Period 250.00

C. John A Mathie
 Full Name (Last, First, Middle Initial)
 Mailing Address 2225 N Saint James Pkwy
 City Cleveland Hts State OH Zip Code 44106-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2012
Transaction ID : 35253933
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4500 Post Rd Unit F60

City Nashville State TN Zip Code 37205-1549

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012

Transaction ID : 35253939

Amount of Each Receipt this Period
 250.00

B. Kathryn L Miller
Full Name (Last, First, Middle Initial)

Mailing Address 504 S Prospect Ave

City Madison State WI Zip Code 53711-1942

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

Name of Employer Dean Health Systems Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2012

Transaction ID : 35253941

Amount of Each Receipt this Period
 250.00

C. Coleen D Walsh
Full Name (Last, First, Middle Initial)

Mailing Address 4344 Stones River Ct

City New Port Richey State FL Zip Code 34653-6137

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

Name of Employer Mercy Hospital Occupation Staff Anesthetist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2012

Transaction ID : 35253942

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 91
	<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. John F Patterson
Full Name (Last, First, Middle Initial)

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 UniVista Regional Medical Center Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2012

Transaction ID : 35253946

Amount of Each Receipt this Period 500.00

B. Sarah E Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2112 Longfellow Ln

City Flower Mound State TX Zip Code 75028-3742

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

Name of Employer North Star Anesthesia Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2012

Transaction ID : 35253949

Amount of Each Receipt this Period 250.00

C. Timothy L Marx
Full Name (Last, First, Middle Initial)

Mailing Address 1830 Marie Cir

City Bloomfield State MI Zip Code 48302-0747

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

Name of Employer as consultants Occupation crna

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 17 / 2012

Transaction ID : 35253958

Amount of Each Receipt this Period 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 91
	<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	

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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. Nelson Burgos		Date of Receipt										
Mailing Address 19226 Boltmore Bay		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>13</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		13		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		13		2012								
City State Zip Code San Antonio TX 78258-3847		Transaction ID : 35253959										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Occupation WOMACK ARMY MEDICAL CENTER CRNA		250.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	250.00											

Full Name (Last, First, Middle Initial) B. Valerie K McKinley		Date of Receipt										
Mailing Address 404 S Henry St PO Box 2		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		01		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		01		2012								
City State Zip Code Moravia IA 52571-7735		Transaction ID : 35253977										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Occupation Bloomfield Anesthetist CRNA		25.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	225.00											

Full Name (Last, First, Middle Initial) c. Sharon K Gray		Date of Receipt										
Mailing Address 5931 30th Ave S		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>14</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		14		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08		14		2012								
City State Zip Code Seattle WA 98108-3101		Transaction ID : 35253978										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Occupation Self CRNA		500.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	500.00											

SUBTOTAL of Receipts This Page (optional).....▶	775.00
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 56 OF 91
	<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. Derek Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 18430 Shadow Canyon Dr

City Helotes State TX Zip Code 78023-2966

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : 35253984

Amount of Each Receipt this Period
100.00

B. Alan D Ailles
Full Name (Last, First, Middle Initial)

Mailing Address 415 Oak Haven St

City Baytown State TX Zip Code 77520-1269

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

Name of Employer Self Employed Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : 35253990

Amount of Each Receipt this Period
80.00

C. Caleb A Rogovin
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Arch St Apt 1108

City Philadelphia State PA Zip Code 19103-1345

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

Name of Employer CRNA Occupation Temple Unicersity Hospital

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : 35253995

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	280.00
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 91
	<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. Adrienne G Hartgerink
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 Brookstone Way
 City State Zip Code
 Suffolk VA 23435-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Walter Reed Army Medical Center CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 26 / 2012
Transaction ID : 35254004
 Amount of Each Receipt this Period
 250.00

B. Juan F Quintana
 Full Name (Last, First, Middle Initial)
 Mailing Address 364 Private Road 8581
 City State Zip Code
 Winnsboro TX 75494-8092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 08 / 27 / 2012
Transaction ID : 35254005
 Amount of Each Receipt this Period
 1000.00

C. Barbara S Knox-Balderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4220 River Ridge Dr
 City State Zip Code
 Lyons MI 48851-8710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 08 / 24 / 2012
Transaction ID : 35254007
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 91
	<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. Kathryn O Coisman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 Old Oak Trl
 City Ontario State OH Zip Code 44903-6505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 08 / 10 / 2012
Transaction ID : 35254020
 Amount of Each Receipt this Period 100.00

B. Delphos E Price Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2622 Bardell Dr
 City Wilmington State DE Zip Code 19808-3025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 09 / 2012
Transaction ID : 35254028
 Amount of Each Receipt this Period 250.00

C. Elizabeth Wong
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Kirsten Lee Dr
 City Westlake Village State CA Zip Code 91361-5573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2012
Transaction ID : 35254029
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 91
	<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. John W Sauerwald
Full Name (Last, First, Middle Initial)

Mailing Address 10886 N Woodfield Cir

City Brighton State MI Zip Code 48114-9288

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

Name of Employer: A. Alfred Taubman Health Care Center Occupation: CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 31 / 2012
Transaction ID : 35254030

Amount of Each Receipt this Period: 250.00

B. Christine A Salvator
Full Name (Last, First, Middle Initial)

Mailing Address 6701 N Bosworth Ave Unit B2

City Chicago State IL Zip Code 60626-5284

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

Name of Employer: Ingalls Memorial Hospital Occupation: CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 06 / 2012
Transaction ID : 35254044

Amount of Each Receipt this Period: 100.00

C. Michael L Reed
Full Name (Last, First, Middle Initial)

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: columbia anesthesia llc Occupation: crna

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 06 / 2012
Transaction ID : 35254050

Amount of Each Receipt this Period: 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 91
	<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. Rhonda M Laxton
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 51568

City Durham State NC Zip Code 27717-1568

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2012

Transaction ID : 35254055

Amount of Each Receipt this Period
 500.00

B. Melanie P Diorio
Full Name (Last, First, Middle Initial)

Mailing Address 129 Mohawk Dr

City Maumelle State AR Zip Code 72113-5860

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

Name of Employer Ozark Health Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012

Transaction ID : 35254056

Amount of Each Receipt this Period
 250.00

C. Tracy V Bedford
Full Name (Last, First, Middle Initial)

Mailing Address 1562 Palisades Ln

City Hoffman Estates State IL Zip Code 60192-4400

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

Name of Employer Rockford Anesthesiologists Associated Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2012

Transaction ID : 35254064

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 91
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Ron S Seligman

Mailing Address 3532 Salem Dr

City Rochester Hills State MI Zip Code 48306-2943

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

Name of Employer Comfortably Numb Anesthesia Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2012

Transaction ID : **35254066**

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Troy Alan Broka

Mailing Address 1280 Trotters Ln

City Williamston State MI Zip Code 48895-8716

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

Name of Employer Self-employed Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2012

Transaction ID : **35254069**

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
C. Scott J Rotar

Mailing Address 9720 Country Ln

City Woodruff State WI Zip Code 54568-9403

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : **35254070**

Amount of Each Receipt this Period
 100.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 91
	<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. Joshua R Gibbs
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 16307

City Dublin	State GA	Zip Code 31040-6307
----------------	-------------	------------------------

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

Name of Employer Fairview Park Hospital	Occupation CRNA
--	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2012

Transaction ID : 35254082

Amount of Each Receipt this Period

155.00

B. Francie J Lovejoy
Full Name (Last, First, Middle Initial)
Mailing Address 1404 W Center St

City Rochester	State MN	Zip Code 55902-0311
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FEC ID number of contributing federal political committee. **C**

Name of Employer Rochester Psychologists	Occupation CRNA
---	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2012

Transaction ID : 35254086

Amount of Each Receipt this Period

250.00

C. Nicholas P Reda
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 292

City Sound Beach	State NY	Zip Code 11789-0292
---------------------	-------------	------------------------

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

Name of Employer Suny Stonybrook	Occupation CRNA
-------------------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2012

Transaction ID : 35254088

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	655.00
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 63 OF 91
	<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. Alison B Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 21376
 City Billings State MT Zip Code 59104-1376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 08 / 02 / 2012
Transaction ID : 35254090
 Amount of Each Receipt this Period
 355.00

B. Miriam A Punzalan
 Full Name (Last, First, Middle Initial)
 Mailing Address 336 Linden Ln
 City Merion Station State PA Zip Code 19066-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomas Jefferson University Hospitals Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 645.00

Date of Receipt
 08 / 12 / 2012
Transaction ID : 35254091
 Amount of Each Receipt this Period
 645.00

C. Miriam A Punzalan
 Full Name (Last, First, Middle Initial)
 Mailing Address 336 Linden Ln
 City Merion Station State PA Zip Code 19066-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomas Jefferson University Hospitals Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 08 / 13 / 2012
Transaction ID : 35254092
 Amount of Each Receipt this Period
 -645.00

SUBTOTAL of Receipts This Page (optional).....▶	355.00
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 64 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Richard E Douberly Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 922 S Lake Dr
 City East Dublin State GA Zip Code 31027-2596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Symphony Anesthesia Services Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 08 / 03 / 2012
Transaction ID : 35254094
 Amount of Each Receipt this Period 50.00

B. Daniel R Mattson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2607 Wyoming Ave
 City Billings State MT Zip Code 59102-3848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2012
Transaction ID : 35254095
 Amount of Each Receipt this Period 100.00

C. Ronnie J Wing
 Full Name (Last, First, Middle Initial)
 Mailing Address 353 Spring Creek Pl
 City Spring Creek State NV Zip Code 89815-5902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Eastern Nevada Regional Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2012
Transaction ID : 35254097
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 66 OF 91
	<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. Tae Daniel Jones
Full Name (Last, First, Middle Initial)

Mailing Address 6556 Federal Hall St

City Plano State TX Zip Code 75023-2346

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

Name of Employer
Self Employed

Occupation
CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt
08 / 10 / 2012
Transaction ID : 35254119

Amount of Each Receipt this Period
355.00

B. Mark A McClanahan
Full Name (Last, First, Middle Initial)

Mailing Address 19690 Marilyn St

City Northville State MI Zip Code 48167-2611

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

Name of Employer
Mcclanahan Anestestia

Occupation
CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt
08 / 04 / 2012
Transaction ID : 35254120

Amount of Each Receipt this Period
250.00

C. Jonathan D Riddle
Full Name (Last, First, Middle Initial)

Mailing Address 320 Silver Canyon Dr

City Fort Worth State TX Zip Code 76108-9612

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

Name of Employer
Unknown

Occupation
CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 31 / 2012
Transaction ID : 35254121

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	855.00
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 67 OF 91
	<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. Valerie A Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 77-155 Mahiehie St
 City Kailua Kona State HI Zip Code 96740-4434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Moanalua Medical Cen Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 08 / 07 / 2012
Transaction ID : 35254129
 Amount of Each Receipt this Period
250.00

B. Barbie L Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Lost Acres Rd
 City North Granby State CT Zip Code 06060-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHERIDAN HEALTHCORP Occupation Staff CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **615.00**

Date of Receipt
 08 / 07 / 2012
Transaction ID : 35254132
 Amount of Each Receipt this Period
250.00

C. Brian J Bauhs
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 5th Ave Apt 3
 City Brooklyn State NY Zip Code 11215-1256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeastern Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 08 / 14 / 2012
Transaction ID : 35254136
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 91
	<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. Stefani A Jobe
 Full Name (Last, First, Middle Initial)
 Mailing Address 7912 Mesa Trails Cir
 City Austin State TX Zip Code 78731-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Austin Surgical Center Occupation Cheif 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
 08 / 06 / 2012
Transaction ID : 35254145
 Amount of Each Receipt this Period
 300.00

B. Donna J Witsberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 16300 County Road 7250
 City Newburg State MO Zip Code 65550-8828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phelps County Regional Medical Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2012
Transaction ID : 35254147
 Amount of Each Receipt this Period
 250.00

C. Jodie E Emerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4375 Arbor Dr
 City Okemos State MI Zip Code 48864-3030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2012
Transaction ID : 35254150
 Amount of Each Receipt this Period
 322.50

SUBTOTAL of Receipts This Page (optional).....▶	872.50
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 91
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Tammy L Engle

Mailing Address 222 Reading Ave

City Shillington State PA Zip Code 19607-1904

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

Name of Employer Reading Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2012

Transaction ID : 35254151

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Robert L Whitehurst

Mailing Address 519 N Main St

City Wake Forest State NC Zip Code 27587-2325

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

Name of Employer WakeMed Rehab Hospital & Outpatient Re Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2012

Transaction ID : 35254158

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Laura L Schneider-Look

Mailing Address 27 American Ave

City Ellsworth State ME Zip Code 04605-1590

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

Name of Employer nurse anesthesia of maine Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : 35254159

Amount of Each Receipt this Period
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 91
	<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. Brian L Miller
Full Name (Last, First, Middle Initial)

Mailing Address 1118 Crossing Meadows Dr

City Viroqua State WI Zip Code 54665-2240

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

Name of Employer Occupation
Vernon Memorial Healthcare CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
08 / 20 / 2012
Transaction ID : 35254165

Amount of Each Receipt this Period
200.00

B. Kim M Weber
Full Name (Last, First, Middle Initial)

Mailing Address 306 Chaparral Dr

City Highland Haven State TX Zip Code 78654-9777

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

Name of Employer Occupation
Self CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
08 / 07 / 2012
Transaction ID : 35254173

Amount of Each Receipt this Period
100.00

C. Ellen H Strubert
Full Name (Last, First, Middle Initial)

Mailing Address 652 Bambury Way

City Kirkwood State MO Zip Code 63122-1101

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

Name of Employer Occupation
Western Anesthesiology Associates, Inc CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 11 / 2012
Transaction ID : 35254182

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1120.00

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 71 OF 91
	<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. Paul A Evelyn
Full Name (Last, First, Middle Initial)

Mailing Address 2610 Rangewood Ct NE

City Atlanta State GA Zip Code 30345-1509

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

Name of Employer Georgia Perioperative Consulta Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2012

Transaction ID : 35254186

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1015 W Marion St

City Knoxville State IA Zip Code 50138-2844

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

Name of Employer Square Waveform Anesthesiology Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2012

Transaction ID : 35254190

Amount of Each Receipt this Period
 750.00

C. Kris T Tarlton
Full Name (Last, First, Middle Initial)

Mailing Address 909 E 5th St

City Hoisington State KS Zip Code 67544-2118

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

Name of Employer St. Rose Ambulatory & Surgery Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2012

Transaction ID : 35254200

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 72 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Jennifer K Schwarz

Mailing Address 11875 S Acuff Ln

City Olathe State KS Zip Code 66062-6580

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

Name of Employer Truman Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2012

Transaction ID : 35254214

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Wesley A Terry

Mailing Address 3430 Rialto Pl

City Alpharetta State GA Zip Code 30022-1453

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

Name of Employer Piedmont Anesthesia Associates Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2012

Transaction ID : 35254217

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Stanley A Kristiansen

Mailing Address 1918 Rutherford Ave Apt 1

City Louisville State KY Zip Code 40205-1822

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

Name of Employer IU Health Bedford Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : 35254227

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Diana Padilla
Full Name (Last, First, Middle Initial)

Mailing Address 3234 La Crescenta Ave

City Glendale	State CA	Zip Code 91208-1656
------------------	-------------	------------------------

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

Name of Employer refused	Occupation anesthetists
-----------------------------	----------------------------

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
08	/	04	/	2012

Transaction ID : 35254231

Amount of Each Receipt this Period
100.00

B. Leigh A Catoe
Full Name (Last, First, Middle Initial)

Mailing Address 203 Thompson Dr

City Richardson	State TX	Zip Code 75080-5520
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FEC ID number of contributing federal political committee. **C**

Name of Employer Parkland	Occupation CRNA
------------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2012

Transaction ID : 35254242

Amount of Each Receipt this Period
25.00

C. John Pozar
Full Name (Last, First, Middle Initial)

Mailing Address 416 NW 8th St

City Pendleton	State OR	Zip Code 97801-1332
-------------------	-------------	------------------------

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

Name of Employer St Anthony Hospital	Occupation CRNA
---	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

Transaction ID : 35254247

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 74 OF 91
	<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. Bobbi L Bergmooser
 Full Name (Last, First, Middle Initial)
 Mailing Address 307 Garland St Apt 7
 City Bangor State ME Zip Code 04401-5554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New England Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2012
Transaction ID : 35254264
 Amount of Each Receipt this Period 250.00

B. Alisa M Vroman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2340 S Roby Farm Rd
 City Rocheport State MO Zip Code 65279-9414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boone Hospital Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 03 / 2012
Transaction ID : 35254270
 Amount of Each Receipt this Period 255.00

C. Kimberly M Gonzalez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2124 Park Place Ave
 City Fort Worth State TX Zip Code 76110-1232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 11 / 2012
Transaction ID : 35254285
 Amount of Each Receipt this Period 255.00

SUBTOTAL of Receipts This Page (optional).....▶	760.00
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 75 OF 91
	<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. Michele M Ballister
Full Name (Last, First, Middle Initial)

Mailing Address 2412 Kendall Dr

City Charleston State SC Zip Code 29414-6667

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

Name of Employer South Carolina Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2012

Transaction ID : 35254297

Amount of Each Receipt this Period
 250.00

B. Ann M Christie
Full Name (Last, First, Middle Initial)

Mailing Address 45 Rollins Ave

City Pearl River State NY Zip Code 10965-1812

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

Name of Employer umdnj Occupation crna

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : 35254300

Amount of Each Receipt this Period
 100.00

C. Devan C Romans
Full Name (Last, First, Middle Initial)

Mailing Address 5515 Dunmire Dr

City Lake Oswego State OR Zip Code 97035-1968

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

Name of Employer Self employed Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2012

Transaction ID : 35254302

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 91
	<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. Courtney B Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 N Larrabee St Apt 2001
 City Chicago State IL Zip Code 60654-7022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt Sinai Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 08 / 29 / 2012
Transaction ID : 35254307
 Amount of Each Receipt this Period 255.00

B. Melanie F Clemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 7902 15th Ave Apt 3C
 City Brooklyn State NY Zip Code 11228-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GHSU Hospital Sign Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2012
Transaction ID : 35254310
 Amount of Each Receipt this Period 250.00

C. Melanie S Rowe
 Full Name (Last, First, Middle Initial)
 Mailing Address 9289 Rose Parade Way
 City Sacramento State CA Zip Code 95826-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer anesthetist center Occupation crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 08 / 04 / 2012
Transaction ID : 35254325
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 605.00
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 77 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Eileen Harper

Mailing Address 742 County Road 525 E

City State Zip Code
Sadorus IL 61872-9709

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

Name of Employer Occupation
Provena Covenant Medical Center CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
08 / 26 / 2012
Transaction ID : 35254326

Amount of Each Receipt this Period
55.00

Full Name (Last, First, Middle Initial)
B. John J Goelz

Mailing Address 43980 Riverpoint Dr

City State Zip Code
Lansdowne VA 20176-8201

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

Name of Employer Occupation
Johns Hopkins CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 13 / 2012
Transaction ID : 35254329

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Ashley E Fedan

Mailing Address 6824 Ravenna Ave NE

City State Zip Code
Seattle WA 98115-7043

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

Name of Employer Occupation
Harborview Medical Center CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 28 / 2012
Transaction ID : 35254331

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 805.00

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 78 OF 91
	<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. Joshua V Pettit
Full Name (Last, First, Middle Initial)

Mailing Address 117 County Road 7516

City Jonesboro State AR Zip Code 72401-7190

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

Name of Employer NEA Baptist Memorial Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2012

Transaction ID : 35254344

Amount of Each Receipt this Period
 250.00

B. Nicholas A Blanck
Full Name (Last, First, Middle Initial)

Mailing Address 801 Briarwood Ct

City Sewell State NJ Zip Code 08080-3507

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

Name of Employer Unknown Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2012

Transaction ID : 35254349

Amount of Each Receipt this Period
 150.00

C. Brent F Goodrich
Full Name (Last, First, Middle Initial)

Mailing Address 2701 Palm St

City Atlantic State IA Zip Code 50022-2596

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

Name of Employer Cass County Memorial Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012

Transaction ID : 35254361

Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 91
	<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)

Full Name (Last, First, Middle Initial) A. Kevin B Dolan		Date of Receipt MM / DD / YYYY 08 / 17 / 2012
Mailing Address 609 Terrace Rd		Transaction ID : 35254372
City San Carlos	State CA	Zip Code 94070-4309
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Columbia Memorial Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Lacey A Nicol		Date of Receipt MM / DD / YYYY 08 / 02 / 2012
Mailing Address 818 N 8th St		Transaction ID : 35254378
City Chariton	State IA	Zip Code 50049-1336
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Nathan B Martz		Date of Receipt MM / DD / YYYY 08 / 21 / 2012
Mailing Address 117 Pheasant Cir		Transaction ID : 35254383
City Chambersburg	State PA	Zip Code 17202-3380
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 55.00	
Name of Employer summit position services	Occupation crna	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional).....▶	555.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 80 OF 91
(check only one)

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

A. Michael R Mathews II
Full Name (Last, First, Middle Initial)

Mailing Address 410 S 5th St

City Carrizo Springs State TX Zip Code 78834-3804

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

Name of Employer Dimmit Regional Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2012

Transaction ID : 35254394

Amount of Each Receipt this Period
 500.00

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	52246.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement Fee to accept online donations for CRNA-PAC from AANA members

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

Transaction ID : 35245126

Amount of Each Disbursement this Period

Fee to accept online donations for CRNA-PAC from AANA members

Full Name (Last, First, Middle Initial)

B. Edonations

Mailing Address 118 North Saint Asaph Street,

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Fees for processing credit donations from AANA members to CRNA-PAC

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

Transaction ID : 35245129

Amount of Each Disbursement this Period

Fees for processing credit donations from AANA members to CRNA-PAC

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

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Thoroughbred PAC

Mailing Address PO Box 65116

City Washington State DC Zip Code 20035

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Thoroughbred PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111826

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Ben Lujan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111829

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Cantor for Congress

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Eric Cantor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111830

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Timothy J. Ryan

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111831

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111832

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Continuing A Majority PAC

Mailing Address P.O. Box 17

City Midland State MI Zip Code 48640

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111833

Amount of Each Disbursement this Period

4000.00

Annual Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Graves for Congress

Mailing Address 110 S. 10th Street

City Tarkio State MO Zip Code 64491

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sam Graves

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111834

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Terry for Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011

Candidate Name

Lee Terry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111835

Amount of Each Disbursement this Period

1500.00

Date of Disbursement

C. Bill Cassidy For Congress

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Bill Cassidy MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111836

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pompeo For Congress, Inc

Mailing Address P.O. Box 780146

City State Zip Code
Wichita KS 67278

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: KS District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111837

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. John S Fund

Mailing Address PO Box 65796

City State Zip Code
Washington DC 20035

Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

John S Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : 35111838

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

C. Rodney For Congress

Mailing Address PO Box 344

City State Zip Code
Taylorville IL 62568

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Mr. Rodney Davis

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2012

Transaction ID : 35134352

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ben Chandler For Congress

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Benjamin Chandler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	2

Transaction ID : 35134382

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Jeff Fortenberry For United States Congress

Mailing Address 301 S 13th St.
Ste. 401

City Lincoln State NE Zip Code 68508

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jeffrey Fortenberry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	2

Transaction ID : 35134494

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Hawkeye PAC

Mailing Address PO BOX 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	2

Transaction ID : 35134557

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Annual Contribution

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BRETPAC

Mailing Address 504 DEREK AVENUE

City ELIZABETHTOWN State KY Zip Code 42701

Purpose of Disbursement Annual Contribution

011

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2012

Transaction ID : 35137490

Amount of Each Disbursement this Period

2500.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Carney For Congress

Mailing Address P.O. Box A

City Clarks Summit State PA Zip Code 18411

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Rep. Christopher P. Carney

Office Sought: House Senate President
State: PA District: 10

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2012

Transaction ID : 35137516

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Friends Of Chris Murphy

Office Sought: House Senate President
State: CT District:

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2012

Transaction ID : 35176020

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huffman For Congress 2012 Exploratory Committee

Mailing Address P.O. Box 151563

City San Rafael State CA Zip Code 94915

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Jared Huffman

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	2

Transaction ID : 35176021

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Duckworth For Congress

Mailing Address P.O. Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Ms. L. Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	2

Transaction ID : 35176022

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Johanns For Senate Incorporated

Mailing Address 5555 South Street

City Lincoln State NE Zip Code 68506

Purpose of Disbursement
Candidate Contribution Funds Reported On July 20th Monthly report

011

Candidate Name

Mr. Michael Johanns

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	2

Transaction ID : 35176023

Amount of Each Disbursement this Period

1	0	0	0	0	0
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[MEMO ITEM]

Candidate Contribution Funds Reported On July 20th Monthly report

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

3	5	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Johanns For Senate Incorporated

Mailing Address 5555 South Street

City Lincoln State NE Zip Code 68506

Purpose of Disbursement Candidate Contribution Re-designated funds for trans. dated 07/24/2012

Candidate Name

Mr. Michael Johanns

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

Disbursement For: 2014
 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2012

Transaction ID : 35176024

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Candidate Contribution Re-designated funds for trans. dated 07/24/2012

Full Name (Last, First, Middle Initial)

B. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement Candidate Contribution Funds Reported On <Enter Report Name Here>

Candidate Name

Rep. Timothy Bishop

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

Disbursement For: 2012
 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2012

Transaction ID : 35176031

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Candidate Contribution Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial)

C. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement Candidate Contribution Re-designated funds for trans. dated 07/24/2012

Candidate Name

Rep. Timothy Bishop

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

Disbursement For: 2012
 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2012

Transaction ID : 35176032

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Candidate Contribution Re-designated funds for trans. dated 07/24/2012

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mike McIntyre For Congress

Mailing Address 1701 North Chestnut Street

City Lumberton State NC Zip Code 28358

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Mike McIntyre

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2012

Transaction ID : 35178952

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. DANPAC

Mailing Address 315 C Street, Lower Level

City Washington State DC Zip Code 20003

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2012

Transaction ID : 35178953

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Candidate Contribution

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

3500.00

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

57000.00