

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00173153  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Yeo

Signature of Treasurer Electronically Filed by William Yeo Date 10 15 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Association of Nurse Anesthetists Seperate Segregated Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		404578.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	540231.95									
(c) Total Receipts (from Line 19) .....	81119.36	612479.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	621351.31	1017057.40								
7. Total Disbursements (from Line 31) .....	158751.90	554457.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	462599.41	462599.41								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Association of Nurse Anesthetists Seperate Segregated Fund

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	34167.00	206340.00
(i) Itemized (use Schedule A) .....	45754.02	404624.44
(ii) Unitemized .....	79921.02	610964.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	79921.02	610964.44
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	198.34	514.76
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	81119.36	612479.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	81119.36	612479.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21651.90	117101.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	21651.90	117101.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	137100.00	378708.80
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	58647.22
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	158751.90	554457.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	158751.90	554457.99

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	79921.02	610964.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79921.02	610964.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21651.90	117101.97
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21651.90	117101.97

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 104	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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 Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Keep Nick Rahall In Congress Comm.

Mailing Address 1801 Harper Rd

City	State	Zip Code
Beckley	WV	25801

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

Name of Employer	Occupation

Receipt For: 2006  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	6

**Transaction ID: 24626733**

Amount of Each Receipt this Period  
1000.00

Refund of 5/23/06 contribution to candidate

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Judith A Davenport		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2006	
Mailing Address 1080 Madeline Street		<b>Transaction ID:</b> 24800853	
City State Zip Code New Braunfels TX 78132-4723		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Agarita Anesthesia CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Nancy S Gondringer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2006	
Mailing Address 7216 Parkridge Circle		<b>Transaction ID:</b> 24800857	
City State Zip Code Lincoln NE 68516-4397		Amount of Each Receipt this Period 450.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation St. Elizabeth Regional Medical Center CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1850.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael P Troddyn		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006	
Mailing Address 90 Barry Road		<b>Transaction ID:</b> 24800882	
City State Zip Code Worcester MA 01609-1136		Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self Employed CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	805.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Lynn H Jones Mailing Address PO Box 426 City State Zip Code Greenbrier TN 37073-0426 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 <b>Transaction ID: 24800883</b> Amount of Each Receipt this Period 300.00
Name of Employer Occupation Northcrest Medical Center CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Robert H Nelson Mailing Address 165 Larkspur Drive City State Zip Code Albany GA 31721-7802 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 <b>Transaction ID: 24800888</b> Amount of Each Receipt this Period 100.00
Name of Employer Occupation Phoebe Pney Memorial Hospital CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Nicholas P Reda Mailing Address PO Box 292 City State Zip Code Sound Beach NY 11789-0292 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 <b>Transaction ID: 24800913</b> Amount of Each Receipt this Period 500.00
Name of Employer Occupation Suny Stonybrook CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 104
	<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 Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Patricia J Calandra

Mailing Address 3422 Gulfview Dr

City State Zip Code  
Hernando Beach FL 34607-3215

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

Name of Employer Medical Anesthesia & Pain Med Conslt  
Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

**Transaction ID: 24800939**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Randall J Ryan, Sr

Mailing Address 688 Glenway Drive

City State Zip Code  
Hamilton OH 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 ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

**Transaction ID: 24800951**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Donna M Karczewski

Mailing Address 226 East Treehaven Road

City State Zip Code  
Cheektowaga NY 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 ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

**Transaction ID: 24800952**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Frederick M M Cardinal		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 1318 Lakeview Drive		<b>Transaction ID:</b> 24800954	
City State Zip Code Colfax CA 95713-9760	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Kaiser Permanente CRNA	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Karin Bierling-Slowey		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 38 Overlook Ridge		<b>Transaction ID:</b> 24800964	
City State Zip Code Oakland NJ 07436-2361	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Englewood Hosp CRNA	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Michael W Neft		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 4601 Fifth Ave Apt 121		<b>Transaction ID:</b> 24800965	
City State Zip Code Pittsburgh PA 15213-3650	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation US Army CRNA	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Jana R Goich		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address PO Box 66		Transaction ID: 24800973	
City Ipswich	State MA	Amount of Each Receipt this Period 500.00	
Zip Code 01938-0066			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dan C Smith, Jr		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address PO Box 185		Transaction ID: 24800982	
City Sparta	State NC	Amount of Each Receipt this Period 100.00	
Zip Code 28675-0185			
FEC ID number of contributing federal political committee. C			
Name of Employer Sparta, N.C.	Occupation anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David R DeMask		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 21591 Glasgow Ave		Transaction ID: 24800987	
City Tomah	State WI	Amount of Each Receipt this Period 250.00	
Zip Code 54660-8165			
FEC ID number of contributing federal political committee. C			
Name of Employer Tomah Memorial Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Deirdra D Scanlon		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address PO Box 1274		<b>Transaction ID:</b> 24800994	
City Lewisburg	State WV	Zip Code 24901-4274	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer PARK RIDGE ANES.	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lacey A Armistead		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 912 Viking Dr		<b>Transaction ID:</b> 24801002	
City High Point	State NC	Zip Code 27265-1251	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kathryn E Montague		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 6 N 267 Creekside Drive		<b>Transaction ID:</b> 24801011	
City St Charles	State IL	Zip Code 60175	
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		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. James R Bohrer</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 7937 York Ridge Road		<b>Transaction ID: 24801015</b>	
City State Zip Code Guilford IN 47022-9668	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Deerborne Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. Michael J Kapp</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 3118 Ravenhill Rd		<b>Transaction ID: 24801028</b>	
City State Zip Code Fayetteville NC 28303-5349	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. Rhonda M Laxton</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address PO Box 2891		<b>Transaction ID: 24801029</b>	
City State Zip Code Elkins WV 26241-2891	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	655.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> John A Moran		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006	
Mailing Address 8328 Parkside Dr		<b>Transaction ID:</b> 24801032	
City State Zip Code Grand Blanc MI 48439-7436	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation CRNA	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Elliott E McGregory		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address 119 Phoenix		<b>Transaction ID:</b> 24801057	
City State Zip Code Terre Haute IN 47803-1411	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation CRNA	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dennis R O'Leary		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2006	
Mailing Address PO Box 7202 Ranch Station		<b>Transaction ID:</b> 24801059	
City State Zip Code Northridge CA 91327-7202	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Office Based Anesthesia Occupation CRNA	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Robert B Morgan</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 616 Maple Avenue		<b>Transaction ID: 24801069</b>	
City State Zip Code Elburn IL 60119-8341	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Valley Ambulatory Surgery Center	Occupation Chief Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Sherry E Swearngin</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 1698 E Seaport Court		<b>Transaction ID: 24801073</b>	
City State Zip Code Boise ID 83706-6333	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Andrea L Johnson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address 11371 Aberdeen Cir NE Unit A		<b>Transaction ID: 24801088</b>	
City State Zip Code Blaine MN 55449-4582	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Sammie B Burchard</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 305 E 8th Street		<b>Transaction ID: 24801094</b>	
City State Zip Code Denver City TX 79323-2645	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Yoakum County Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Phil H Beckwith</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 11300 Stinnett Mill Road		<b>Transaction ID: 24801095</b>	
City State Zip Code Salado TX 76571-5655	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Central Texas Veteran Healthcare Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>C. Johanna C Deuker</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 2354 Middlecroft Drive		<b>Transaction ID: 24801099</b>	
City State Zip Code Burton MI 48509-1368	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 104
	<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 Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Gary L Tilley

Mailing Address 103 Woodside Dr

City State Zip Code  
Bay City TX 77414-2151

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

Name of Employer Occupation  
Memorial Medical Center CRNA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** 24801103

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Walter L Evans

Mailing Address 2210 Brian

City State Zip Code  
Vandalia IL 62471-4101

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

Name of Employer Occupation  
Southern Illinois Anesthesia CRNA

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** 24801106

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Harvey R Shadbolt

Mailing Address 20 Eagle Pass

City State Zip Code  
Canyon TX 79015-1806

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

Name of Employer Occupation  
Self CRNA

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

**Transaction ID:** 24801111

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Olga R Bradley		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 8841 Brewer Lane		<b>Transaction ID:</b> 24801112	
City State Zip Code Salado TX 76571-5183	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VA Hosp/Temple, TX	Occupation Staff CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Vinod C Bhan		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address PO Box 347		<b>Transaction ID:</b> 24801114	
City State Zip Code Manteca CA 95336-0347	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James Touzeau		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 14091 SW 79th St		<b>Transaction ID:</b> 24801115	
City State Zip Code Miami FL 33183-3022	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1155.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Rodney K Cannaday</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 4011 Oak Creek		<b>Transaction ID: 24801118</b>	
City State Zip Code Nacogdoches TX 75965-6528		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Nacogdoches Surgery Center CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dennie Fugitt</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address North Country Anesthesia 2784 Milky Way		<b>Transaction ID: 24801120</b>	
City State Zip Code Chewelah WA 99109-9538		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation West Texas Anesthesia CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel C Simonson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 2607 S Manito Boulevard		<b>Transaction ID: 24801127</b>	
City State Zip Code Spokane WA 99203-2455		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation SPOKANE EYE SURGERY CTRE CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 104
	<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 Seperate Segregated Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Brian D Campbell Mailing Address 14 Townsend Street City State Zip Code Malden MA 02148-6323 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006 <b>Transaction ID:</b> 24801133 Amount of Each Receipt this Period 20.00
Name of Employer Occupation Winchester Anesthesia Ass-ociat CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 795.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Kathryn J Kakenmaster Kinne Mailing Address 1036 Oxford Court City State Zip Code Keller TX 76248-5252 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006 <b>Transaction ID:</b> 24801140 Amount of Each Receipt this Period 200.00
Name of Employer Occupation Self Employed CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Joseph C O'Sullivan Mailing Address 1016 Oak Ridge City State Zip Code Schertz TX 78154 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006 <b>Transaction ID:</b> 24801145 Amount of Each Receipt this Period 50.00
Name of Employer Occupation US Army CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 453.39		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Sylvia L Plunk</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2006
Mailing Address 825 Maplewood Drive		<b>Transaction ID: 24801146</b>
City State Zip Code Oxford MS 38655-5447	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00
Name of Employer Baptist Hospital of N. Mississippi	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. David W Shaw</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2006
Mailing Address 854 Arlington Street NE		<b>Transaction ID: 24801150</b>
City State Zip Code Grand Rapids MI 49505-3802	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Spectrum Health Blodgett	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. James R Walker</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2006
Mailing Address 9410 Sundance Dr		<b>Transaction ID: 24801151</b>
City State Zip Code Pearland TX 77584-2892	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Baylor College of Medicine	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Amy M Nielsen		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address 2024 D Summit Valley Road		<b>Transaction ID:</b> 24801153
City Addy	State WA	Zip Code 99101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer St. Mary's Surgery	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John F Pare		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address 11211 Bridgeport Dr		<b>Transaction ID:</b> 24801158
City Temple	State TX	Zip Code 76502-6419
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Andrew L Reed		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2006
Mailing Address 129 E Lowes Creek Rd		<b>Transaction ID:</b> 24801163
City Eau Claire	State WI	Zip Code 54701-7249
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Eau Claire Anesthesiologists	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Troy Alan Broka</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006	
Mailing Address 1280 Trotters Ln		<b>Transaction ID: 24801166</b>	
City State Zip Code Williamston MI 48895-8716	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation CRNA	Aggregate Year-to-Date ▼ 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dan B Breckenridge</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 950 N Graham		<b>Transaction ID: 24801195</b>	
City State Zip Code Memphis TN 38122-2402	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Shelby Anesthesia Occupation CRNA	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Elizabeth A Checchia</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 164 Richland Road		<b>Transaction ID: 24801199</b>	
City State Zip Code Carlisle PA 17013-9461	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carlisle Regional Medical Center Occupation CRNA	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Michele Leigh C Hill Mailing Address 5804 North Polk City State Zip Code Kansas City MO 64151-2690 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 <b>Transaction ID: 24801206</b> Amount of Each Receipt this Period 250.00
Name of Employer Occupation North Kansas City Hospital CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		

<b>B.</b> Full Name (Last, First, Middle Initial) James M Missig Mailing Address 24 Harbor Ave City State Zip Code Islip NY 11751-4207 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 <b>Transaction ID: 24801208</b> Amount of Each Receipt this Period 500.00
Name of Employer Occupation Self CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Martha E Paduch Mailing Address 64 Sullivan Street #2 City State Zip Code Charlestown MA 02129-2433 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 <b>Transaction ID: 24801209</b> Amount of Each Receipt this Period 300.00
Name of Employer Occupation Self Employed CRNA Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Brian J Peterson		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 3233 Garnett Dr		<b>Transaction ID:</b> 24801212	
City State Zip Code Slayton MN 56172-9726	Amount of Each Receipt this Period 255.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 505.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Danny L Weller		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 333 Dawn Drive		<b>Transaction ID:</b> 24801222	
City State Zip Code Greenville KY 42345-1801	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Adrian L Whiteaker		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 4647 Driftwood Drive		<b>Transaction ID:</b> 24801234	
City State Zip Code Frisco TX 75034-5133	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	605.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Frances C Young		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 1408 Wineteer Lane		<b>Transaction ID:</b> 24801239
City State Zip Code Grants Pass OR 97527-6042	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara A Waldron		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 325 Chadds Walk		<b>Transaction ID:</b> 24801240
City State Zip Code Athens GA 30606-1475	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer St. Joseph's Candler	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> David C Beeman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 1407 Sleepy Hollow Lane		<b>Transaction ID:</b> 24801243
City State Zip Code Longview TX 75604-2724	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Nadia P Whiteaker</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 4647 Driftwood Drive		<b>Transaction ID: 24801252</b>	
City State Zip Code Frisco TX 75034-5133	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Zale Lipsy Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Jill M Jones</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 2116 DeCook Ave		<b>Transaction ID: 24801257</b>	
City State Zip Code Park Ridge IL 60068-1538	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Annette P Elwood</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 86 Jonathon Dr		<b>Transaction ID: 24801262</b>	
City State Zip Code New Ulm MN 56073-3343	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fulwood	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 104
	<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 Seperate Segregated Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Philip E Willis Mailing Address 2407 S 5th St City Ironton State OH Zip Code 45638-2606 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006 <b>Transaction ID: 24801270</b> Amount of Each Receipt this Period 100.00
Name of Employer: Our Lady of Bellefonte Hospital Occupation: CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Kory T Johnson Mailing Address 8209 Etienne Dr City Corpus Christi State TX Zip Code 78414-6045 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006 <b>Transaction ID: 24801272</b> Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kerry D Smith Mailing Address 2312 S Oakmont Ln City St George State UT Zip Code 84790-6860 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006 <b>Transaction ID: 24801279</b> Amount of Each Receipt this Period 150.00
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 ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Lindakay V Ritter		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 4076 189th Lane NW		<b>Transaction ID:</b> 24801293	
City State Zip Code Anoka MN 55303-9001	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mercy Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> John H Swanson		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 1717 Valdez Dr NE		<b>Transaction ID:</b> 24801317	
City State Zip Code Albuquerque NM 87112-4857	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Locum Tenum	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Brenda L Galeas		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address PO Box 7867		<b>Transaction ID:</b> 24801320	
City State Zip Code Fort Gordon GA 30905-0867	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
David E Dyess

Mailing Address HCR 74 22004

City State Zip Code  
El Prado NM 87529-9520

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

Name of Employer Rohobeth McKinley Christian 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  
09 / 21 / 2006

Transaction ID: 24801326

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Kimmerle Miller-Leonard

Mailing Address 3275 E Euclid Rd

City State Zip Code  
Mabton WA 98935-9768

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

Name of Employer Virginia Mason Medical Center  
Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
367.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

Transaction ID: 24801333

Amount of Each Receipt this Period  
367.00

**C.** Full Name (Last, First, Middle Initial)  
Lissa D Collins

Mailing Address 6565 Salem Rd

City State Zip Code  
Cincinnati OH 45230-2854

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

Name of Employer The Christ 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  
09 / 21 / 2006

Transaction ID: 24801346

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>817.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 104
	<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 Seperate Segregated Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Francis J Valenti Mailing Address 43 Ash Hill Rd City Plymouth State NH Zip Code 03264-1137 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006 <b>Transaction ID: 24801357</b> Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Rachel Imsande Mailing Address 4388 Jacari Dr SE City Bemidji State MN Zip Code 56601-7963 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006 <b>Transaction ID: 24801359</b> Amount of Each Receipt this Period 50.00
Name of Employer Ray scheffland Anesthesia Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Gregory J Anderson Mailing Address 10553 24th Ave City Eau Claire State WI Zip Code 54703-5091 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006 <b>Transaction ID: 24801362</b> Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Carolyn M Abrams		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 112 Jasmine Bay Lane		<b>Transaction ID:</b> 24801370	
City State Zip Code Chapin SC 29036-9129	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lexington medical CRNA	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Larell L Fineren		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 440B Cola Ballena		<b>Transaction ID:</b> 24801372	
City State Zip Code Alameda CA 94501-3675	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Keiser, South San Francis-co	Occupation Anesthesia Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Hannah Cargill		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 159 Independence Drive		<b>Transaction ID:</b> 24801384	
City State Zip Code Roebuck SC 29376-9734	Amount of Each Receipt this Period 255.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Spartanburg Regional Med Ctr.	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1455.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Shelley Martin</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 2 Bryberry Court		<b>Transaction ID: 24801385</b>	
City State Zip Code The Woodlands TX 77381-4066		Amount of Each Receipt this Period 155.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Greater Houston Anesthesia Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) <b>B. Kathy J Cibula</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 7365 SW 166th Street		<b>Transaction ID: 24801387</b>	
City State Zip Code Miami FL 33157-3837		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Jackson 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>C. Craig R Foosaner</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address 312 Devonport Dr		<b>Transaction ID: 24801401</b>	
City State Zip Code Matthews NC 28104-7876		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	305.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> York S Johnson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 15226 Cane Harbor Blvd		<b>Transaction ID:</b> 24801420	
City State Zip Code Corpus Christi TX 78418-7601	Amount of Each Receipt this Period 255.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Locum Tenum	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Doris J Rowles		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006	
Mailing Address 215 Muller Street		<b>Transaction ID:</b> 24801433	
City State Zip Code Curwensville PA 16833-1427	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Condred W Roberts		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006	
Mailing Address PO Box 1664		<b>Transaction ID:</b> 24801435	
City State Zip Code Corsicana TX 75151-1664	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	605.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Bonnie Bowman

Mailing Address 736 Marshall Avenue

City State Zip Code  
South Boston VA 24592-3411

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: 24801443

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Maureen S Hennessy

Mailing Address 134 Eastin Rd

City State Zip Code  
Lexington KY 40505-2004

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

Name of Employer Occupation  
Winchester Hospital CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

Transaction ID: 24801445

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
David LaGuardia

Mailing Address 3150 East Hwy 34 PMB 139

City State Zip Code  
Newnan GA 30265-1342

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

Name of Employer Occupation  
Pyramid Anesthesia Group 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  
09 / 25 / 2006

Transaction ID: 24801450

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Cynthia J Ferdinandsen		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 106 Clearview Estates Dr		<b>Transaction ID:</b> 24801453
City State Zip Code Weaverville NC 28787-9547	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mission Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen D Smith		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 1132 White Cloud Ridge		<b>Transaction ID:</b> 24801454
City State Zip Code Snellville GA 30078-7388	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Leslie L Zoltan		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006
Mailing Address 2339 E Cinnabar Avenue		<b>Transaction ID:</b> 24801459
City State Zip Code Phoenix AZ 85028-3633	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Kimberly A Harber		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 49738 Ash Court		Transaction ID: 24801466	
City Plymouth	State MI	Zip Code 48170-6380	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Joseph Mercy Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Debra L Hawk		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1837 5th St		Transaction ID: 24801467	
City Manhattan Beach	State CA	Zip Code 90266-6314	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Karen J Hitesman		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 1044 Mann's Hill Rd		Transaction ID: 24801471	
City Littleton	State NH	Zip Code 03561-5223	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Appalachian Regional Hospital, Hazard	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 38 / 104
	(check only one)	
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Jeri L Lewis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 2510 N Charlotte		<b>Transaction ID: 24801472</b>	
City State Zip Code Effingham IL 62401-5212	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MCHSI	Occupation Surgical Services Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Robert J Hawkins</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 317 Cheshire Forest Drive		<b>Transaction ID: 24801489</b>	
City State Zip Code Chesapeake VA 23322-7595	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. Stephanie J Davis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 416 Queen St		<b>Transaction ID: 24801490</b>	
City State Zip Code Alexandria VA 22314-2621	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Teresa G McCormick</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 6420 A1 Rea Rd		<b>Transaction ID: 24801492</b>	
City State Zip Code Charlotte NC 28277-4529	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Angela L Dall</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 530 Park Place		<b>Transaction ID: 24801497</b>	
City State Zip Code Alexandria LA 71301-3946	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mid Louisiana Anesthesia Consultants Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Kirsten B Butkovsky</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 44 Swendsen Dr		<b>Transaction ID: 24801500</b>	
City State Zip Code Monroe CT 06468-2043	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 350.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Jon Thomas Brown		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006	
Mailing Address 253 Silveridge		<b>Transaction ID:</b> 24801504	
City Holland	State MI	Amount of Each Receipt this Period 150.00	
Zip Code 49424		FEC ID number of contributing federal political committee. C	
Name of Employer Self	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Michael J Bertoch		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 3190 Wexford Circle		<b>Transaction ID:</b> 24801509	
City Idaho Falls	State ID	Amount of Each Receipt this Period 50.00	
Zip Code 83404-7355		FEC ID number of contributing federal political committee. C	
Name of Employer Mountainview 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>C.</b> Raymond Stapleton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 5309 Whitehouse Plantation Rd		<b>Transaction ID:</b> 24801513	
City Macon	State GA	Amount of Each Receipt this Period 225.00	
Zip Code 31210-2213		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 ▼ 725.00			

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Jeremy T Adams		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 3572 Lonnie Lane		<b>Transaction ID:</b> 24801531
City State Zip Code Paradise CA 95969-8107	Amount of Each Receipt this Period 205.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kevin J Cardinal		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address 1426 N Innsbruck Dr		<b>Transaction ID:</b> 24801533
City State Zip Code Fridley MN 55432-5920	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mary Darlene Papin		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 151 E Park		<b>Transaction ID:</b> 24801539
City State Zip Code Westerville OH 43081-2303	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MT CARMEL HOSPITAL Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Hector J Figueroa		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 801 Hunting Lodge Dr		<b>Transaction ID:</b> 24801553	
City State Zip Code Miami Springs FL 33166-5749	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Hector J. Figueroa, CRNA, P-A.	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Edward J Gaspar		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 55430 Leonard Ct		<b>Transaction ID:</b> 24801554	
City State Zip Code Shelby Twp MI 48316-5321	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer William Beaumont Hospital	Occupation Nurse Anesthetist		
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>C.</b> Mark W Adams		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 305 Henley Perry Drive		<b>Transaction ID:</b> 24801555	
City State Zip Code Marshall TX 75670-5367	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Nicholas Silao</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 38 W 32nd St #1200		<b>Transaction ID: 24801558</b>	
City State Zip Code New York NY 10001-3878	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ANESTHESIA PROVIDERS	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. David M Brown</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address E 720 24th Avenue		<b>Transaction ID: 24801560</b>	
City State Zip Code Spokane WA 99203-3327	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey J Bender</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006	
Mailing Address 161 Johnson Rd		<b>Transaction ID: 24801561</b>	
City State Zip Code Somerset PA 15501-7277	Amount of Each Receipt this Period 55.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sommerset Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	655.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Lucille Y Osaki		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 223 N Guadalupe St PMB 123		<b>Transaction ID:</b> 24801571
City State Zip Code Santa Fe NM 87501-1850	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AHP	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Peter W Cross		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2006
Mailing Address 1126 S Federal Hwy #149		<b>Transaction ID:</b> 24801581
City State Zip Code Fort Lauderdale FL 33316-1257	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dennis Ray Dodd		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address PO Box 571		<b>Transaction ID:</b> 24801592
City State Zip Code Altus OK 73522-0571	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	245.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Douglas Richard Colling</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 2812 Country Club Lane PO BOX 2572		<b>Transaction ID: 24801593</b>	
City State Zip Code Kearney NE 68848-2572	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Good Samaritan	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mark T Cappello</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 1511 W Ardmore Apt 1		<b>Transaction ID: 24801596</b>	
City State Zip Code Chicago IL 60660-4218	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C. Jon W Buggs</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 1037 N 14th St		<b>Transaction ID: 24801597</b>	
City State Zip Code Manitowoc WI 54220-3234	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Holy Family Memorial	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 104						
	(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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Katherine A Nugent</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 2515 Boston Street Unit P1		<b>Transaction ID: 24801598</b>	
City State Zip Code Baltimore MD 21224-4739	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph J Helminiak</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 1229 Pecan Station		<b>Transaction ID: 24801601</b>	
City State Zip Code San Antonio TX 78258-7843	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. David C Von Rump</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 3204 Glebe Point Road		<b>Transaction ID: 24802261</b>	
City State Zip Code Suffolk VA 23435-1058	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Gary D Clark, CRNA, Ed.D		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 7866 1/2 Big Bend Apt 4		Transaction ID: 24802262	
City State Zip Code Saint Louis MO 63119-2748	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Webster University	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Carrolyn Bates		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address PMB 187 2010 Hwy 190 West		Transaction ID: 24802263	
City State Zip Code Livingston TX 77351	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Alexander A Fernandez		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address PO Box 0215		Transaction ID: 24802266	
City State Zip Code Princeton WV 24740-0215	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Taswell Community Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Linda M Bailey</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 40369 Loro Place		Transaction ID: 24802267
City State Zip Code Fremont CA 94539-3033	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Keiser Foundation Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Wendy S Schneider</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 230 Harbor Drive		Transaction ID: 24802270
City State Zip Code Lusby MD 20657-2714	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self	Occupation crna	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Bezzo</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 24910 Doe Lane		Transaction ID: 24802271
City State Zip Code Mount Vernon WA 98273-8531	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Anesthesia Service Inc	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> T K Huddleston		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 5314 Richard Ave		Transaction ID: 24802272	
City State Zip Code Dallas TX 75206-6712	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pinnacle Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Garalynn V Tomas		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 32540 Oakhurst Drive		Transaction ID: 24802274	
City State Zip Code North Ridgeville OH 44039-2374	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GVT Medical Service Consultants, Inc.	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Margaret Susan Cody		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 431 Breezy Banks Road		Transaction ID: 24802275	
City State Zip Code Roper NC 27970-9493	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Brian D Campbell		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 14 Townsend Street		Transaction ID: 24802276	
City Malden	State MA	Zip Code 02148-6323	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Winchester Anesthesia Ass-ociat	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kimili A Barnard		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 1311 Murray Rd		Transaction ID: 24802277	
City Springtown	State TX	Zip Code 76082-6521	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harris Methodist HEB Hosp-ital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Brian D Thorson		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 6484 Promontory Dr		Transaction ID: 24802285	
City Eden Prairie	State MN	Zip Code 55346-1913	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fair View Southdale Hospi-tal	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 940.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Karyn B Karp		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 327 W Thomson Ave		Transaction ID: 24802286	
City State Zip Code Sonoma CA 95476-4365	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaiser San Rafael	Occupation Chief CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Julie A Stone		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 470 E Lockwood Ave		Transaction ID: 24802289	
City State Zip Code Saint Louis MO 63119-3141	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Webster University	Occupation Faculty		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 930.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Margaret K Brown		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 1301 Oak Orchard River Road		Transaction ID: 24802290	
City State Zip Code Waterport NY 14571-9783	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Anesthesia Care Associates, PLLC	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Deborah A Cleary</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 1108 Creek Cabin		<b>Transaction ID: 24802292</b>	
City State Zip Code San Antonio TX 78253-5835		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Wilford Hall Medical Ctr - Lockland AF CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Dennis C Bless</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 6484 Promontory Dr		<b>Transaction ID: 24802295</b>	
City State Zip Code Eden Prairie MN 55346-1913		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Fair View Southdale Hospital CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 815.00	

Full Name (Last, First, Middle Initial) <b>C. Duane A Smith</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006	
Mailing Address 6000 Stony Brook Dr		<b>Transaction ID: 24802301</b>	
City State Zip Code Manhattan KS 66503-9169		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Tonia L Browder		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 5027 Labbranch		<b>Transaction ID:</b> 24802302	
City State Zip Code Houston TX 77004-5738	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Rosewill Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jason P Sirny		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 1845 Lincoln Rd		<b>Transaction ID:</b> 24802303	
City State Zip Code Macon GA 31211-1229	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDICAL CENTER OF CENTRAL GEORGIA	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Vance A Crain		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 9820 Lee Cir		<b>Transaction ID:</b> 24802304	
City State Zip Code Leawood KS 66206-2346	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Truman Medical Center	Occupation Nurse Anesthesia Instructor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Lisa M Farry</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 1600 Granby St Apt 130		Transaction ID: 24802305
City Norfolk State VA Zip Code 23510-2610	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer great lakes anesthesia, pc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>B. Bill M Matheis</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 5942 Hayter Ave		Transaction ID: 24802314
City Lakewood State CA Zip Code 90712-1046	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SAFE Anesthesia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. Paul A Schneider</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 908 N Main St		Transaction ID: 24802316
City Brewer State ME Zip Code 04412-1226	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Nurse Anesthesia of Maine Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Marquessa D Moore		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 5600 Woodcrest Lane		<b>Transaction ID:</b> 24802320	
City State Zip Code Owensboro KY 42303-9225		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Excel Anesthesia CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Marquessa D Moore		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 5600 Woodcrest Lane		<b>Transaction ID:</b> 24802321	
City State Zip Code Owensboro KY 42303-9225		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Excel Anesthesia CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Scott C Wixom		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2006	
Mailing Address 403 Pheasant Terrace		<b>Transaction ID:</b> 24802324	
City State Zip Code Jefferson City MO 65109-4136		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Self CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Dennis Ray Dodd</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address PO Box 571		<b>Transaction ID: 24802332</b>	
City State Zip Code Altus OK 73522-0571		Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Cindy R Black</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 620 Guy Walker Way		<b>Transaction ID: 24802338</b>	
City State Zip Code Durham NC 27703-3793		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Duke University Health Systems Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3125.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel C Simonson</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 2607 S Manito Boulevard		<b>Transaction ID: 24802341</b>	
City State Zip Code Spokane WA 99203-2455		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer SPOKANE EYE SURGERY CTRE Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	595.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Mark T Cappello

Mailing Address 1511 W Ardmore Apt 1

City State Zip Code  
Chicago IL 60660-4218

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 24802342

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Van E Simpson

Mailing Address 4175 Browning Drive

City State Zip Code  
St Joseph MI 49085-9531

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

Name of Employer Sunset coast Anesth. Assoc 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  
07 / 14 / 2006

Transaction ID: 24802344

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Brigid M Welber

Mailing Address 1021 Tulane Street

City State Zip Code  
Houston TX 77008-4143

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

Name of Employer MD Anderson Hospital Occupation  
CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 14 / 2006

Transaction ID: 24802354

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Sharon K Hensley, CRNA		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2006	
Mailing Address 6224 Abiquiu Place NE		<b>Transaction ID:</b> 24802358	
City State Zip Code Albuquerque NM 87111-8177	Amount of Each Receipt this Period 180.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation CRNA	Aggregate Year-to-Date ▼ 680.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Cindy R Black		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 620 Guy Walker Way		<b>Transaction ID:</b> 24802370	
City State Zip Code Durham NC 27703-3793	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Duke University Health Systems Occupation CRNA	Aggregate Year-to-Date ▼ 3625.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dennis Ray Dodd		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address PO Box 571		<b>Transaction ID:</b> 24802377	
City State Zip Code Altus OK 73522-0571	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation CRNA	Aggregate Year-to-Date ▼ 315.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	725.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Mark T Cappello		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006	
Mailing Address 1511 W Ardmore Apt 1		<b>Transaction ID:</b> 24802378	
City State Zip Code Chicago IL 60660-4218	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jean Jacobson Jasienski		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006	
Mailing Address 317 2nd Street SW		<b>Transaction ID:</b> 24802383	
City State Zip Code Pine Island MN 55963-9199	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mayo Clinic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> James M Henderson, Jr		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006	
Mailing Address 106 Ember Way		<b>Transaction ID:</b> 24802385	
City State Zip Code Lagrange GA 30240-8497	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Riverview Anesthesia, PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Sharon K Hensley, CRNA</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 6224 Abiquiu Place NE		<b>Transaction ID: 24802389</b>	
City State Zip Code Albuquerque NM 87111-8177		Amount of Each Receipt this Period 180.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Self CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 860.00	

Full Name (Last, First, Middle Initial) <b>B. Karen N Wolaridge</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address 167 E Moody Ave		<b>Transaction ID: 24802397</b>	
City State Zip Code Fresno CA 93720-1508		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Self CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia L Bennett</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006	
Mailing Address 1023 Oak Knoll Drive		<b>Transaction ID: 24802400</b>	
City State Zip Code Harrisburg PA 17111-4673		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Hersh Endoskpy CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	630.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Leo A Le Bel

Mailing Address 770 Pearson St Apt 810

City State Zip Code  
Des Plaines IL 60016-9219

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

Name of Employer AANA 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  
08 / 28 / 2006

Transaction ID: 24802402

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Augustine B Edusei-Nyemitei

Mailing Address 18523 S Lyford Drive

City State Zip Code  
Katy TX 77449-8487

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 ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 28 / 2006

Transaction ID: 24802403

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
David C Von Rump

Mailing Address 3204 Glebe Point Road

City State Zip Code  
Suffolk VA 23435-1058

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 / D D / Y Y Y Y Y  
08 / 28 / 2006

Transaction ID: 24802404

Amount of Each Receipt this Period  
20.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Gary D Clark, CRNA, Ed.D		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 7866 1/2 Big Bend Apt 4		Transaction ID: 24802405	
City State Zip Code Saint Louis MO 63119-2748	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Webster University	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 661.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Carrolyn Bates		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address PMB 187 2010 Hwy 190 West		Transaction ID: 24802407	
City State Zip Code Livingston TX 77351	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Christine M Allen-Sanders		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 6012 Brookside Drive		Transaction ID: 24802408	
City State Zip Code Export PA 15632-8972	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer VA Hospital - Pittsburgh, PA	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	370.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Alexander A Fernandez</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address PO Box 0215		<b>Transaction ID: 24802411</b>
City Princeton	State WV	Zip Code 24740-0215
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00	
Name of Employer Taswell Community Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Linda M Bailey</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address 40369 Loro Place		<b>Transaction ID: 24802413</b>
City Fremont	State CA	Zip Code 94539-3033
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 85.00	
Name of Employer Keiser Foundation Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. Dorothy A Bradbury</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address 11191 Stratford Way		<b>Transaction ID: 24802414</b>
City Fishers	State IN	Zip Code 46038-1798
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer Arnett Clinic in Lafayette	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>420.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 104		
	<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Daniel D Vigness</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 2309 South Stephen Avenue		<b>Transaction ID: 24802417</b>	
City State Zip Code Sioux Falls SD 57103-4442	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Avera McKennan Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B. John T Hitchens</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1715 Farmshire Ct		<b>Transaction ID: 24802418</b>	
City State Zip Code Jarrettsville MD 21084-1507	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Watchful Care	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) <b>C. Dwight C Williams</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 8585 Spicewood Springs Rd Apt 832		<b>Transaction ID: 24802419</b>	
City State Zip Code Austin TX 78759-4461	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Wendy S Schneider		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address 230 Harbor Drive		<b>Transaction ID:</b> 24802421
City Lusby	State MD	Zip Code 20657-2714
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
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 ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Bezzo		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address 24910 Doe Lane		<b>Transaction ID:</b> 24802422
City Mount Vernon	State WA	Zip Code 98273-8531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Anesthesia Service Inc	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C.</b> T K Huddleston		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address 5314 Richard Ave		<b>Transaction ID:</b> 24802423
City Dallas	State TX	Zip Code 75206-6712
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Pinnacle Anesthesia	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 104
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Paul W Santoro		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1904 Blue Grass		Transaction ID: 24802424	
City State Zip Code Rochester Hills MI 48306		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ambulatory Surgery Consultants		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Garalynn V Tomas		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 32540 Oakhurst Drive		Transaction ID: 24802426	
City State Zip Code North Ridgeville OH 44039-2374		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GVT Medical Service Consultants, Inc.		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Margaret Susan Cody		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 431 Breezy Banks Road		Transaction ID: 24802427	
City State Zip Code Roper NC 27970-9493		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Donald J Roesler		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 2005 Queens Avenue		<b>Transaction ID:</b> 24802428
City State Zip Code Sioux Falls SD 57106-5306	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Avera McKennan Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Brian D Campbell		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 14 Townsend Street		<b>Transaction ID:</b> 24802429
City State Zip Code Malden MA 02148-6323	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Winchester Anesthesia Ass-ociat	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kimili A Barnard		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 1311 Murray Rd		<b>Transaction ID:</b> 24802430
City State Zip Code Springtown TX 76082-6521	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Harris Methodist HEB Hosp-ital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	420.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 104
	<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 Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Timothy P Glidden

Mailing Address 16132 Lafayette Avenue

City State Zip Code  
Omaha NE 68118-2460

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

Name of Employer University of Nebraska Medical Ctr. Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: 24802433

Amount of Each Receipt this Period  
100.00

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

Mailing Address 25817 NE 2nd Ct

City State Zip Code  
Sammamish WA 98074-3479

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

Name of Employer Group Health Cooperative Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: 24802434

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Brian D Thorson

Mailing Address 6484 Promontory Dr

City State Zip Code  
Eden Prairie MN 55346-1913

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

Name of Employer Fair View Southdale Hospital Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: 24802439

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	235.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Karyn B Karp

Mailing Address 327 W Thomson Ave

City State Zip Code  
Sonoma CA 95476-4365

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

Name of Employer Kaiser San Rafael Occupation Chief CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID: 24802441**

Amount of Each Receipt this Period  
85.00

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

Mailing Address 78 North Road

City State Zip Code  
Bedford MA 01730-1023

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

Name of Employer Aspect Medical Systems Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID: 24802445**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Julie A Stone

Mailing Address 470 E Lockwood Ave

City State Zip Code  
Saint Louis MO 63119-3141

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

Name of Employer Webster University Occupation Faculty

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1015.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID: 24802446**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>420.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Margaret K Brown</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 1301 Oak Orchard River Road		<b>Transaction ID: 24802447</b>
City State Zip Code Waterport NY 14571-9783	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Anesthesia Care Associates, PLLC	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Deborah A Cleary</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 1108 Creek Cabin		<b>Transaction ID: 24802449</b>
City State Zip Code San Antonio TX 78253-5835	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Wilford Hall Medical Ctr - Lockland AF	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. Dennis C Bless</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 6484 Promontory Dr		<b>Transaction ID: 24802453</b>
City State Zip Code Eden Prairie MN 55346-1913	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fair View Southdale Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	255.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Sharon K Hensley, CRNA		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 6224 Abiquiu Place NE		<b>Transaction ID:</b> 24802457
City Albuquerque	State NM	Zip Code 87111-8177
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Duane A Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 6000 Stony Brook Dr		<b>Transaction ID:</b> 24802460
City Manhattan	State KS	Zip Code 66503-9169
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
Name of Employer Self Employed	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Randall G Richmond		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 883 E Plains-Port Hudson Rd		<b>Transaction ID:</b> 24802462
City Zachary	State LA	Zip Code 70791-6026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Anesthesiology Group Associates, Inc.	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	435.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 104
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Jason P Sirny		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1845 Lincoln Rd		Transaction ID: 24802463	
City State Zip Code Macon GA 31211-1229	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MEDICAL CENTER OF CENTRAL GEORGIA	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Vance A Crain		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 9820 Lee Cir		Transaction ID: 24802464	
City State Zip Code Leawood KS 66206-2346	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Truman Medical Center	Occupation Nurse Anesthesia Instructor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lisa M Farry		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1600 Granby St Apt 130		Transaction ID: 24802465	
City State Zip Code Norfolk VA 23510-2610	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer great lakes anesthesia, pc	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 104
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Bill M Matheis		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 5942 Hayter Ave		Transaction ID: 24802474	
City Lakewood	State CA	Zip Code 90712-1046	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer SAFE Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Paul A Schneider		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 908 N Main St		Transaction ID: 24802476	
City Brewer	State ME	Zip Code 04412-1226	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nurse Anesthesia of Maine	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Marquessa D Moore		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 5600 Woodcrest Lane		Transaction ID: 24802480	
City Owensboro	State KY	Zip Code 42303-9225	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Excel Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 104
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Marquessa D Moore		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 5600 Woodcrest Lane		<b>Transaction ID:</b> 24802481	
City State Zip Code Owensboro KY 42303-9225	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Excel Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Scott C Wixom		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 403 Pheasant Terrace		<b>Transaction ID:</b> 24802483	
City State Zip Code Jefferson City MO 65109-4136	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Cindy R Black		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 620 Guy Walker Way		<b>Transaction ID:</b> 24802486	
City State Zip Code Durham NC 27703-3793	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Duke University Health Systems	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4125.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	670.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 75 / 104  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Greig M Williams

Mailing Address 352 Meadowbrook Rd

City State Zip Code  
Trafford PA 15085-9712

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

Name of Employer Self Occupation  
Self CRNA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	6

Transaction ID: 24802487

Amount of Each Receipt this Period  
-250.00

Credit Card Chargeback

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	-250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	34167.00

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

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

FOR LINE NUMBER: PAGE 76 / 104  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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 Seperate Segregated Fund

**A.** Full Name (Last, First, Middle Initial)  
Scudder Investments

Mailing Address 811 Main Street

City State Zip Code  
Kansas City MO 64105-2005

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 382.09

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2006

**Transaction ID:** 24809009

Amount of Each Receipt this Period  
65.67

Money Market Interest

**B.** Full Name (Last, First, Middle Initial)  
Scudder Investments

Mailing Address 811 Main Street

City State Zip Code  
Kansas City MO 64105-2005

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 448.03

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

**Transaction ID:** 24809011

Amount of Each Receipt this Period  
65.94

Money Market Interest

**C.** Full Name (Last, First, Middle Initial)  
Scudder Investments

Mailing Address 811 Main Street

City State Zip Code  
Kansas City MO 64105-2005

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 514.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 25 / 2006

**Transaction ID:** 24809012

Amount of Each Receipt this Period  
66.73

Money Market Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>198.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>198.34</b>

**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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. JP Morgan Chase Bank</b>		<b>Transaction ID:</b> 24809249 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 33 North LaSalle St.		Amount of Each Disbursement this Period 1373.68
City Chicago State IL Zip Code 60690	Credit Card Fees	
Purpose of Disbursement Credit Card Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Edonations</b>		<b>Transaction ID:</b> 24809252 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 118 North Saint Asaph Street,		Amount of Each Disbursement this Period 389.50
City Alexandria State VA Zip Code 22314	Hosting AANA member donor fees	
Purpose of Disbursement Hosting AANA member donor fees		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JP Morgan Chase Bank</b>		<b>Transaction ID:</b> 24809250 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 33 North LaSalle St.		Amount of Each Disbursement this Period 188.47
City Chicago State IL Zip Code 60690	Credit Card Fees	
Purpose of Disbursement Credit Card Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1951.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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

<b>A. Edonations</b> Full Name (Last, First, Middle Initial) Mailing Address 118 North Saint Asaph Street, City Alexandria State VA Zip Code 22314 Purpose of Disbursement Hosting AANA member donor fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 24809254 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 251.15 Hosting AANA member donor fees
--	--	---

<b>B. AANA</b> Full Name (Last, First, Middle Initial) Mailing Address 222 S. Prospect City Park Ridge State IL Zip Code 60068 Purpose of Disbursement Internal AANA Admin Services fees: Rent, Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 24534342 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 2035.89 Internal AANA Admin Services fees: Rent, Salaries
--	--	---

<b>C. CAPTEL</b> Full Name (Last, First, Middle Initial) Mailing Address 300 Fifth Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Advance: Internal AANA Fundraising Expen Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 24534340 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 3709.67 Advance: Internal AANA Fundraising Expenditure
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5996.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

<b>A. Wiley, Rein &amp; Fielding</b> Full Name (Last, First, Middle Initial) Mailing Address 1776 K Street, NW City Washington State DC Zip Code 20006 Purpose of Disbursement Legal Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24664639</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 12000.00 Legal Fees
---	--	--

<b>B. Todd Allan Printing</b> Full Name (Last, First, Middle Initial) Mailing Address 5760 Sunnyside Ave City Beltsville State MD Zip Code 20705 Purpose of Disbursement CRNA-PAC Brochures for AANA members Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24664644</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 1575.68 CRNA-PAC Brochures for AA-NA members
--	--	---

<b>C. JP Morgan Chase Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 33 North LaSalle St. City Chicago State IL Zip Code 60690 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24809251</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 127.86 Credit Card Fees
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13703.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>21651.90</b>

# 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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Friends of John Boehner</b>		<b>Transaction ID:</b> 24262216 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 7908 Cincinnati-Dayton Road Suite 1		Amount of Each Disbursement this Period 4000.00
City West Chester State OH Zip Code 45069	Refund to be reported on 10/13/06.	
Purpose of Disbursement Refund to be reported on 10/13/06.		011 Category/Type
Candidate Name John Boehner		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 8

Full Name (Last, First, Middle Initial) <b>B. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID:</b> 24262210 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Contribution	
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) <b>C. Grassley Committee</b>		<b>Transaction ID:</b> 24262213 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 1000		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304	Contribution to Candidate	
Purpose of Disbursement Contribution to Candidate		011 Category/Type
Candidate Name Charles E. Grassley		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 1

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. National Republican Senatorial Committee</b>		<b>Transaction ID:</b> 24262211 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 425 Second Street, NE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Pryce for Congress</b>		<b>Transaction ID:</b> 24262212 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 340 East Gay Street		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43215	Contribution	
Purpose of Disbursement Contribution Candidate Name Deborah Pryce		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Committee</b>		<b>Transaction ID:</b> 24262209 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 82 / 104

<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

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 Seperate Segregated Fund

<p><b>A. Costello for Congress Committee</b></p> <p>Full Name (Last, First, Middle Initial) Costello for Congress Committee</p> <p>Mailing Address 629 Garden Blvd.</p> <p>City Belleville State IL Zip Code 62220</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Jerry F. Costello</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 24286714 <b>Date of Disbursement</b> 07 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
---	--	--

<p><b>B. Friends Of Rosa DeLauro</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro</p> <p>Mailing Address 49 Huntington St</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 3</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 24286731 <b>Date of Disbursement</b> 07 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
---	--	--

<p><b>C. Lindsey Graham for Senate</b></p> <p>Full Name (Last, First, Middle Initial) Lindsey Graham for Senate</p> <p>Mailing Address 900 Second Street, NE Suite 114</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Linsey Graham</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 3</p> <p>Disbursement For: 2003 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary</p>		<p><b>Transaction ID:</b> 24286706 <b>Date of Disbursement</b> 07 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
--	--	--

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>3000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

<p><b>A. Mike Rogers For Congress</b></p> <p>Full Name (Last, First, Middle Initial) Mike Rogers For Congress</p> <p>Mailing Address 123 East 13th Street</p> <p>City Anniston State AL Zip Code 36201</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Michael Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 3</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 24286675</p> <p>Date of Disbursement 07 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
--	--	--

<p><b>B. Mike Thompson for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Mike Thompson for Congress</p> <p>Mailing Address P.O. Box 1998</p> <p>City St. Helena State CA Zip Code 94574</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mike Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 24338408</p> <p>Date of Disbursement 07 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Contribution</p>
--	--	--

<p><b>C. Friends Of Roy Blunt</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address PO Box 278</p> <p>City Strafford State MO Zip Code 65757</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Mr. Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 7</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 24374022</p> <p>Date of Disbursement 07 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Contribution</p>
--	--	--

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>6500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Henry Brown for Congress</p> <p>Mailing Address PO Box 61886</p> <p>City North Charleston State SC Zip Code 29419</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Henry Brown</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 1</p>		<p><b>Transaction ID:</b> 24374013 <b>Date of Disbursement:</b> 07 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Grassley Committee</p> <p>Mailing Address P.O. Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 1</p>		<p><b>Transaction ID:</b> 24374034 <b>Date of Disbursement:</b> 07 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) People with Hart</p> <p>Mailing Address P.O. Box 435</p> <p>City Wexford State PA Zip Code 15090</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Melissa Hart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 4</p>		<p><b>Transaction ID:</b> 24374017 <b>Date of Disbursement:</b> 07 / 31 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 Seperate Segregated Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Hulshof for Congress		<b>Transaction ID:</b> 24374028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 1621		Amount of Each Disbursement this Period 2500.00 Contribution
City Columbia State MO Zip Code 65205		
Purpose of Disbursement Contribution Candidate Name Kenny Hulshof Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 9		

<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Carolyn McCarthy		<b>Transaction ID:</b> 24374029 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address PO Box 190		Amount of Each Disbursement this Period 500.00 Contribution
City Mineola State NY Zip Code 11501		
Purpose of Disbursement Contribution Candidate Name Ms. Carolyn McCarthy Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 4		

<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Carolyn McCarthy		<b>Transaction ID:</b> 24374030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address PO Box 190		Amount of Each Disbursement this Period 500.00 Contribution
City Mineola State NY Zip Code 11501		
Purpose of Disbursement Contribution Candidate Name Ms. Carolyn McCarthy Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 4		

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 Seperate Segregated Fund

<p><b>A.</b> Nancy Pelosi For Congress</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1 Bush St., Suite 1100</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 8</p>		<p>Transaction ID: 24374014</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>011</p> <p>Category/Type</p>

<p><b>B.</b> Pryce for Congress</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 340 East Gay Street</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contributions</p> <p>Candidate Name Deborah Pryce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 15</p>		<p>Transaction ID: 24374032</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Contributions</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>011</p> <p>Category/Type</p>

<p><b>C.</b> Friends Of Don Sherwood</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 81 Warren Street</p> <p>City Tunkhannock State PA Zip Code 18675</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Donald L. Sherwood</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 10</p>		<p>Transaction ID: 24374023</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>011</p> <p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Stupak For Congress</b>		Transaction ID: 24374015 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 4101 Michigan Shores Dr		Amount of Each Disbursement this Period 1000.00
City Menominee State MI Zip Code 49858	Contribution	
Purpose of Disbursement Contribution Candidate Name Bart Stupak		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Stupak For Congress</b>		Transaction ID: 24374031 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 4101 Michigan Shores Dr		Amount of Each Disbursement this Period 1000.00
City Menominee State MI Zip Code 49858	Contributions	
Purpose of Disbursement Contributions Candidate Name Bart Stupak		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Todd Tiaht For Congress</b>		Transaction ID: 24374027 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 2250 N Rock Rd # 118-228		Amount of Each Disbursement this Period 1000.00
City Wichita State KS Zip Code 67226	Contribution	
Purpose of Disbursement Contribution Candidate Name Todd Tiaht		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Committee To Reelect Ed Towns</b>		Transaction ID: 24374021 Date of Disbursement 07 / 31 / 2006
Mailing Address 818 Connecticut Avenue NW, Suite 1100		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005	Contribution	
Purpose of Disbursement Contribution Candidate Name Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Boozman For Congress</b>		Transaction ID: 24374011 Date of Disbursement 07 / 31 / 2006
Mailing Address PO Box 671		Amount of Each Disbursement this Period 1000.00
City Rogers State AR Zip Code 72757	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. John N. Boozman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 3		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Texas Freedom Fund</b>		Transaction ID: 24374026 Date of Disbursement 07 / 31 / 2006
Mailing Address 104 East Hume Avenue		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22301	Contribution	
Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 Seperate Segregated Fund

<b>A. Solis For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Contribution Candidate Name Rep. Hilda L. Solis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24374012</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006 Amount of Each Disbursement this Period 2500.00 Contribution
---	--	--

<b>B. Searchlight Leadership Fund</b> Full Name (Last, First, Middle Initial) Mailing Address 422 C St. NE Lower Level City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24374016</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006 Amount of Each Disbursement this Period 2500.00 Contribution
---	--	--

<b>C. Kendrick Meek Campaign For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 111 Nw 183rd Street Suite 325 City Miami State FL Zip Code 33169 Purpose of Disbursement Contribution Candidate Name Rep. Kendrick B. Meek Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24374009</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Nelson for Senate</b>		<b>Transaction ID:</b> 24526154 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 110B East Broad Street		Amount of Each Disbursement this Period 2500.00 Contribution
City Falls Church State VA Zip Code 22046	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Bill Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of Rosa DeLauro</b>		<b>Transaction ID:</b> 24534089 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 49 Huntington St		Amount of Each Disbursement this Period 2500.00 Contribution to Candidate
City New Haven State CT Zip Code 06511	011 Category/ Type	
Purpose of Disbursement Contribution to Candidate		
Candidate Name Rosa L. DeLauro		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. John D Dingell For Congress Comm.</b>		<b>Transaction ID:</b> 24534091 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 2500.00 Contribution
City Washington State DC Zip Code 20013-5214	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John D. Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Akaka In 2006</b>		Transaction ID: 24534088 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address C/O 904 Nana Honua Street		Amount of Each Disbursement this Period 2500.00	
City Honolulu State HI Zip Code 96825	Purpose of Disbursement Contribution to Candidate	011 Category/Type	
Candidate Name Sen. Daniel Kahikina Akaka	Contribution to Candidate		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joe Barton Committee</b>		Transaction ID: 24534329 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2006	
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 2000.00	
City Ennis State TX Zip Code 75120	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name Joe L. Barton	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Big Tent PAC</b>		Transaction ID: 24534321 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2006	
Mailing Address P.O. Box 77883		Amount of Each Disbursement this Period 2000.00	
City Washington State DC Zip Code 20013	Purpose of Disbursement Contribution	011 Category/Type	
Candidate Name	Contribution		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 104

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial)

**A.** A Lot of People who Support Jeff Bingaman

Mailing Address 110-B East Broad Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement

Contribution

Candidate Name Jeff Bingaman

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NM District: 2

Transaction ID: 24534328

Date of Disbursement

09 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Costello for Congress Committee

Mailing Address 629 Garden Blvd.

City Belleville State IL Zip Code 62220

Purpose of Disbursement

Contribution

Candidate Name Jerry F. Costello

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Transaction ID: 24534326

Date of Disbursement

09 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends of Maurice Hinchey

Mailing Address 236 Massachusetts Ave, NE, #202

City Washington State DC Zip Code 20002

Purpose of Disbursement

Contribution

Candidate Name Maurice D. Hinchey

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 26

Transaction ID: 24534327

Date of Disbursement

09 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 Seperate Segregated Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hobson For Congress Committee</p>		<p><b>Transaction ID:</b> 24534324 <b>Date of Disbursement</b></p>	
<p>Mailing Address 482 Longford Close E</p>		<p><input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2006"/></p>	
<p>City Springfield</p>	<p>State OH</p>	<p>Zip Code 45503</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Contribution</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name David L. Hobson</p>		<p>Contribution</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: OH District: 7</p>			

<p><b>B.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p>		<p><b>Transaction ID:</b> 24534323 <b>Date of Disbursement</b></p>	
<p>Mailing Address P.O. Box 75214</p>		<p><input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2006"/></p>	
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20013</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Contribution</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="2000.00"/></p>
<p>Candidate Name Earl Pomeroy</p>		<p>Contribution</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: ND District: 1</p>			

<p><b>C.</b> Full Name (Last, First, Middle Initial) Pryce for Congress</p>		<p><b>Transaction ID:</b> 24534330 <b>Date of Disbursement</b></p>	
<p>Mailing Address 340 East Gay Street</p>		<p><input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2006"/></p>	
<p>City Columbus</p>	<p>State OH</p>	<p>Zip Code 43215</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Contribution</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Deborah Pryce</p>		<p>Contribution</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: OH District: 15</p>			

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Keep Nick Rahall In Congress Comm.</b>		<b>Transaction ID: 24534338</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6
Mailing Address 1801 Harper Rd		Amount of Each Disbursement this Period 1000.00 Contribution
City Beckley State WV Zip Code 25801	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Nick J. Rahall, II		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hal Rogers For Congress</b>		<b>Transaction ID: 24534325</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6
Mailing Address 309 College St		Amount of Each Disbursement this Period 1000.00 Contribution
City Somerset State KY Zip Code 42501	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Harold Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Whitfield For Congress Comm.</b>		<b>Transaction ID: 24534322</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6
Mailing Address 108 Alumni Avenue		Amount of Each Disbursement this Period 1500.00 Contribution
City Hopkinsville State KY Zip Code 42240	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Edward Whitfield		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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 Seperate Segregated Fund

<p><b>A. Chocola for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Chocola for Congress</p> <p>Mailing Address P.O. Box 2776</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Chris Chocola</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 24534339</b></p> <p>Date of Disbursement 09 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
---	--	--

<p><b>B. Friends Of Max Burns</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Max Burns</p> <p>Mailing Address P.O. Box 1965</p> <p>City Sylvania State GA Zip Code 30467</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name O Maxie Burns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 24534331</b></p> <p>Date of Disbursement 09 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
---	--	--

<p><b>C. Progressive Choices PAC</b></p> <p>Full Name (Last, First, Middle Initial) Progressive Choices PAC</p> <p>Mailing Address PO Box 58</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID: 24534334</b></p> <p>Date of Disbursement 09 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
--	--	--

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>3000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

<b>A. Leadership 21</b> Full Name (Last, First, Middle Initial) Mailing Address 6849 Old Dominion Drive Suite 222 City McLean State VA Zip Code 22101 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24534333</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 Contribution
--	--	---

<b>B. Friends Of Mary Landrieu Inc</b> Full Name (Last, First, Middle Initial) Mailing Address 607 14th Street Nw Suite 800 Suite 1434 City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name Sen. Mary L. Landrieu Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 1 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24534337</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Contribution
---	--	---

<b>C. Hoyer for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 7995 Malcolm Road City Clinton State MD Zip Code 20735 Purpose of Disbursement Contribution to Candidate Candidate Name Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24613114</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 Contribution to Candidate
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Chocola for Congress</b>		<b>Transaction ID:</b> 24613112 Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22202	Purpose of Disbursement Contribution to Candidate Candidate Name Chris Chocola Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to Candidate

Full Name (Last, First, Middle Initial) <b>B. Musgrave For Congress</b>		<b>Transaction ID:</b> 24613386 Date of Disbursement 09 / 12 / 2006
Mailing Address 118 West Charlotte Street		Amount of Each Disbursement this Period 1000.00
City Johnstown State CO Zip Code 80534	Purpose of Disbursement Contribution to Candidate Candidate Name Marilyn Musgrave Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to Candidate

Full Name (Last, First, Middle Initial) <b>C. Congressman Nathan Deal for Congress</b>		<b>Transaction ID:</b> 24621100 Date of Disbursement 09 / 13 / 2006
Mailing Address P.O. Box 16021		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Contribution to Candidate Candidate Name Nathan Deal Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to Candidate

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 104

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Gene Green Congressional Campaign</b>		Transaction ID: 24621041 Date of Disbursement 09 / 13 / 2006	
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20013-5214	Contribution to Candidate
Purpose of Disbursement Contribution to Candidate		011 Category/ Type	
Candidate Name Gene Green		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 29		

Full Name (Last, First, Middle Initial) <b>B. Kilpatrick for Congress</b>		Transaction ID: 24621052 Date of Disbursement 09 / 13 / 2006	
Mailing Address 3223 Carter		Amount of Each Disbursement this Period 1000.00	
City Detroit	State MI	Zip Code 48206	Contribution to Candidate
Purpose of Disbursement Contribution to Candidate		011 Category/ Type	
Candidate Name Carolyn Cheeks Kilpatrick		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 15		

Full Name (Last, First, Middle Initial) <b>C. Nelson 2006</b>		Transaction ID: 24621048 Date of Disbursement 09 / 13 / 2006	
Mailing Address PO Box 8666		Amount of Each Disbursement this Period 1000.00	
City Omaha	State NE	Zip Code 68108	Contribution to Candidate
Purpose of Disbursement Contribution to Candidate		011 Category/ Type	
Candidate Name Sen. Ben Nelson		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NE District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 104

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial)

**A.** Congressman Waxman Campaign Committee

Mailing Address 10990 Wilshire Boulevard  
Suite 920

City Los Angeles State CA Zip Code 90024

Purpose of Disbursement  
Contribution to Candidate

Candidate Name  
Henry A. Waxman

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 29

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24621102

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution to Candidate

Full Name (Last, First, Middle Initial)

**B.** Herseth For Congress

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contribution to Candidate

Candidate Name  
Stephanie Herseth

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SD District: 1

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24621103

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution to Candidate

Full Name (Last, First, Middle Initial)

**C.** Levin for Congress Committee

Mailing Address P.O. Box 990

City Washington State DC Zip Code 20044

Purpose of Disbursement  
Contribution to Candidate

Candidate Name  
Sander M. Levin

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 12

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 24628419

Date of Disbursement

09 / 18 / 2006

Amount of Each Disbursement this Period

600.00

Contribution to Candidate

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

2600.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 104

<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

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 Seperate Segregated Fund

<p><b>A. Inslee for Congress</b></p> <p>Full Name (Last, First, Middle Initial) Inslee for Congress</p> <p>Mailing Address 579 Azalea Ave., NE</p> <p>City Bainbridge Island State WA Zip Code 98110-3930</p> <p>Purpose of Disbursement Contribution to Candidate</p> <p>Candidate Name Jay Inslee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 24644327</p> <p>Date of Disbursement 09 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Candidate</p>
--	--	---

<p><b>B. Friends Of Patrick J Kennedy</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Patrick J Kennedy</p> <p>Mailing Address 89 Ravenswood Ave</p> <p>City Providence State RI Zip Code 02908</p> <p>Purpose of Disbursement Contribution to Candidate</p> <p>Candidate Name Patrick J. Kennedy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 16</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 24644293</p> <p>Date of Disbursement 09 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Candidate</p>
---	--	---

<p><b>C. McConnell Senate Committee</b></p> <p>Full Name (Last, First, Middle Initial) McConnell Senate Committee</p> <p>Mailing Address P.O. Box 1496</p> <p>City Louisville State KY Zip Code 40201</p> <p>Purpose of Disbursement Contribution to candidate</p> <p>Candidate Name Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 24644322</p> <p>Date of Disbursement 09 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Contribution to candidate</p>
---	--	---

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>5500.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. McCrery for Congress</b>		Transaction ID: 24644307 Date of Disbursement 09 / 19 / 2006	
Mailing Address 4010 Franconia Road		Amount of Each Disbursement this Period 2500.00	
City Alexandria State VA Zip Code 22310-2136	Purpose of Disbursement Contribution to Federal Candidate Category/Type 011	Contribution to Federal Candidate	
Candidate Name Jim McCrery	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. A Lot of People for Dave Obey</b>		Transaction ID: 24644216 Date of Disbursement 09 / 19 / 2006	
Mailing Address P.O. Box 75214		Amount of Each Disbursement this Period 2000.00	
City Washington State DC Zip Code 20013-5214	Purpose of Disbursement Contribution to Federal Candidate Category/Type 011	Contribution to Federal Candidate	
Candidate Name David R. Obey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Reynolds for Congress</b>		Transaction ID: 24644319 Date of Disbursement 09 / 19 / 2006	
Mailing Address P.O. Box 479		Amount of Each Disbursement this Period 1000.00	
City Victor State NY Zip Code 14564	Purpose of Disbursement Contribution to Candidate Category/Type 011	Contribution to Candidate	
Candidate Name Thomas Reynolds	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 104

<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

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 Seperate Segregated Fund

<p><b>A. Volunteers For Shimkus</b></p> <p>Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address 504 Sumner Blvd</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement Contribution to Candidate</p> <p>Candidate Name John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 20</p>		<p>Transaction ID: 24644311</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution to Candidate</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="011"/></p>

<p><b>B. Herseth For Congress</b></p> <p>Full Name (Last, First, Middle Initial) Herseth For Congress</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Stephanie Herseth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SD District: 1</p>		<p>Transaction ID: 24644308</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution to Federal Candidate</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="011"/></p>

<p><b>C. People For English</b></p> <p>Full Name (Last, First, Middle Initial) People For English</p> <p>Mailing Address 530 W 6th St</p> <p>City Erie State PA Zip Code 16507</p> <p>Purpose of Disbursement Contribution to Candidate</p> <p>Candidate Name Phil English</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 21</p>		<p>Transaction ID: 24646039</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Contribution to Candidate</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="011"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="7000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) <b>A. Moran For Kansas</b>		<b>Transaction ID: 24664668</b> Date of Disbursement 09 / 26 / 2006
Mailing Address P.O. Box 1151		Amount of Each Disbursement this Period 1000.00
City Hays State KS Zip Code 67601	Purpose of Disbursement Contribution to Candidate Candidate Name Rep. Jerry Moran Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to Candidate

Full Name (Last, First, Middle Initial) <b>B. McCrery for Congress</b>		<b>Transaction ID: 24664628</b> Date of Disbursement 09 / 26 / 2006
Mailing Address 4010 Franconia Road		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22310-2136	Purpose of Disbursement Contribution to Candidate Candidate Name Jim McCrery Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to Candidate

Full Name (Last, First, Middle Initial) <b>C. Simpson For Congress</b>		<b>Transaction ID: 24664656</b> Date of Disbursement 09 / 26 / 2006
Mailing Address 786 Hoff Drive		Amount of Each Disbursement this Period 1000.00
City Blackfoot State ID Zip Code 83221	Purpose of Disbursement Contribution to Candidate Candidate Name Michael K. Simpson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to Candidate

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 104

<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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial)

**A.** Todd Tiaht For Congress

Mailing Address 2250 N Rock Rd # 118-228

City Wichita State KS Zip Code 67226

Purpose of Disbursement  
Contribution to Candidate

Candidate Name  
Todd Tiaht

Office Sought:  House  
 Senate  
 President

State: KS District: 4

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Transaction ID: 24664665

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contribution to Candidate

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

**1000.00**

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

**137100.00**