

**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 80068 4001**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00173153 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	<input checked="" type="checkbox"/>	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)	Election on	08	06	2002	in the State of MI
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on				in the State of

5. Covering Period 07 01 2002 through 07 17 2002

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 07 25 2002

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 (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^h 07 ^D 01 ^v 2002 To: ^h 07 ^D 17 ^v 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		373108.05
(b) Cash on Hand at Beginning of Reporting Period	462312.55	
(c) Total Receipts (from Line 19)	35269.50	402977.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	497582.05	776085.34
7. Total Disbursements (from Line 30)	39137.90	317641.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	458444.15	458444.15
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Association of Nurse Anesthetists Separate Segregated Fund

Report Covering the Period: From:

07 01 2002

To:

07 17 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4450.00	
(ii) Unitemized	30819.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35269.50	402869.02
(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 32, page 4)	35269.50	402869.02
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	108.27
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	35269.50	402977.29
20. Total Federal Receipts (subtract Line 18 from Line 19)	35269.50	402977.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	26553.02	48072.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	26553.02	48072.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11584.88	250519.16
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.....	1000.00	19049.16
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	39137.90	317641.19
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	39137.90	317641.19
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	35269.50	402869.02
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	35269.50	402869.02
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	26553.02	48072.87
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	26553.02	48072.87

**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 5 / 19	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 Separate Segregated Fund

Full Name (Last, First, Middle Initial)
A. Kevin J Ryan

Mailing Address
1382 Lane 17

City State Zip Code
Worland WY 82401-9557

Date of Receipt
N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Washue Medical Center CRNA

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

Transaction ID: 10220417

Full Name (Last, First, Middle Initial)
B. John R Cook

Mailing Address
800 Saint Anthony Street

City State Zip Code
Lake Charles LA 70601-5753

Date of Receipt
N M / D E / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 224.00

Transaction ID: 10220456

Full Name (Last, First, Middle Initial)
C. Henry E Solla

Mailing Address
#4 Lorian Circle

City State Zip Code
Little Rock AR 72212-2862

Date of Receipt
N M / D E / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self CRNA

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

Transaction ID: 10220187

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 19	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Robert H Nelson

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2002

Mailing Address
165 Larkspur Drive

City State Zip Code
Albany GA 31707-7707

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Phoebe Pney Memorial Hospital CRNA

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

Transaction ID: 10220207

B. Full Name (Last, First, Middle Initial)
Stephanie J Gehring

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2002

Mailing Address
246 Wheatsheaf Lane

City State Zip Code
Langhorne PA 19047-1551

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF CRNA

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

Transaction ID: 10220247

C. Full Name (Last, First, Middle Initial)
Christopher E Wlanand

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2002

Mailing Address
117 Tipperary Ter

City State Zip Code
Moore SC 29069-9467

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spartanburg Regional medical Center CRNA

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

Transaction ID: 10220313

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 19

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. CDR Judi Jo Rogers

Mailing Address

7D5 Treetop Lane

City

State

Zip Code

Chesapeake

VA

23320-6878

Date of Receipt

N M / D E / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer
USNavy

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10220381

Full Name (Last, First, Middle Initial)

B. Richard P Kirschke

Mailing Address

642 Azalea Drive

City

State

Zip Code

Vass

NC

28394-8200

Date of Receipt

N M / D E / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
self-employed

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10220397

Full Name (Last, First, Middle Initial)

C. Patrick M Jeniths

Mailing Address

Rte 1 Box 188A

City

State

Zip Code

Lawton

OK

73501-9858

Date of Receipt

N M / D E / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10220472

SUBTOTAL of Receipts This Page (optional) ▶

625.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 19

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Walter G Shearer

Mailing Address

461 Hunting Drive

City

Rutherfordton

State

NC

Zip Code

28139-8074

Date of Receipt

N M / D E / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Rutherford Hospital

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Transaction ID: 10220192

Full Name (Last, First, Middle Initial)

B. Bonnie J Mackin

Mailing Address

1511 Old Alvin Road

City

Pearland

State

TX

Zip Code

77581-3005

Date of Receipt

N M / D E / Y Y Y Y
07 / 12 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10220290

Full Name (Last, First, Middle Initial)

C. Maria G Davis

Mailing Address

2901 S Michigan Ave

Apt 810

City

Chicago

State

IL

Zip Code

60616-0045

Date of Receipt

N M / D E / Y Y Y Y
07 / 12 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
University of Chicago Hospital

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10220484

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 19

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Wanda G Wilson

Mailing Address

621 Mehring Way Apt 17D8

City

State

Zip Code

Cincinnati

OH

45202-3531

Date of Receipt

N M / D E / Y Y Y Y
07 / 16 / 2002

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer
University Hospital/Anesthesia Ass-
oc.

Occupation

Program Director

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 10220163

Full Name (Last, First, Middle Initial)

B. Brigid M Weber

Mailing Address

1021 Tulane Street

City

State

Zip Code

Houston

TX

77008-4143

Date of Receipt

N M / D E / Y Y Y Y
07 / 16 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
MD Anderson Hospital

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10220428

Full Name (Last, First, Middle Initial)

C. Gina M Mason

Mailing Address

24198 High Ave

City

State

Zip Code

Tomah

WI

54660-5337

Date of Receipt

N M / D E / Y Y Y Y
07 / 16 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Gundersen Lutheran Medical Center

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10220421

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Alison M Bishop

Mailing Address

511 Fairview Road

City

State

Zip Code

Penn Valley

PA

18072-1413

Date of Receipt

N M / D E / Y Y Y Y
07 / 16 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Locum Tenum

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10220424

Full Name (Last, First, Middle Initial)

B. Anne M Pierce

Mailing Address

2204 East 56th Street

City

State

Zip Code

Sioux Falls

SD

57103-5426

Date of Receipt

N M / D E / Y Y Y Y
07 / 17 / 2002

Amount of Each Receipt this Period

25.00

FEC ID number of contributing
federal political committee.

Name of Employer
ST. HEART HOSPITAL

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Transaction ID: 10220287

Full Name (Last, First, Middle Initial)

C. Maureen E McGarr

Mailing Address

8 Marion Avenue

City

State

Zip Code

Woburn

MA

01801-2214

Date of Receipt

N M / D E / Y Y Y Y
07 / 17 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Lahey Clinic

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10220344

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

TOTAL 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 11 / 19

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Daniel P Lorenz

Mailing Address

13308 Huntington Drive

City

State

Zip Code

Apple Valley

MN

55124-9475

Date of Receipt

N M / D E / Y Y Y Y
07 / 17 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Fair View Ridger Hospital

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10220442

Full Name (Last, First, Middle Initial)

B. Lisa M Scott

Mailing Address

801 Balboa Avenue

City

State

Zip Code

Panama City

FL

32401-2142

Date of Receipt

N M / D E / Y Y Y Y
07 / 17 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Bay Medical Center

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10220459

Full Name (Last, First, Middle Initial)

C. Sandra R Holt

Mailing Address

950 Elkins Lake

City

State

Zip Code

Huntsville

TX

77340-8808

Date of Receipt

N M / D E / Y Y Y Y
07 / 17 / 2002

Amount of Each Receipt this Period

400.00

FEC ID number of contributing
federal political committee.

Name of Employer

BAPTIST MDNCLAIRE

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 10220130

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

TOTAL This Period (last page this line number only) ▶ **4450.00**

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 19

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

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

Full Name (Last, First, Middle Initial) A. AANA		Date of Disbursement 07 / 03 / 2002	
Mailing Address 222 S. Prospect City Park Ridge State IL Zip Code 60068		Amount of Each Disbursement this Period 17500.00	
Purpose of Disbursement Administrative Expenses		Category/ Type 001	
Candidate Name		Administrative Expenses	
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Other Election	Transaction ID: 10228249	
State: District: 0			

Full Name (Last, First, Middle Initial) B. Wiley, Rain & Fielding		Date of Disbursement 07 / 03 / 2002	
Mailing Address 1778 K Street, NW City Washington State DC Zip Code 20008		Amount of Each Disbursement this Period 9053.02	
Purpose of Disbursement retainer for legal counsel April-Dec 2002		Category/ Type 001	
Candidate Name		retainer for legal counsel April-Dec 2002	
Office Sought: House Senate President	Disbursement For: General Primary Other (specify) ▼	Transaction ID: 10117950	
State: District: 0			

C.

SUBTOTAL of Disbursements This Page (optional)	26553.02
TOTAL This Period (last page this line number only)	26553.02

**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 13 / 19

<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

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

Full Name (Last, First, Middle Initial) A. Boazman For Congress		Date of Disbursement 07 / 03 / 2002	
Mailing Address PO Box 2776 City: Arlington State: VA Zip Code: 22202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. John Boazman		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AR District: 3	Transaction ID: 10117948	

Full Name (Last, First, Middle Initial) B. Bereuter for Congress Committee		Date of Disbursement 07 / 15 / 2002	
Mailing Address Rural Route 1, Box 23B City: Cedar Bluffs State: NE Zip Code: 68015		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Doug Bereuter		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NE District: 1	Transaction ID: 10208038	

Full Name (Last, First, Middle Initial) C. Friends of Congressman Conyers		Date of Disbursement 07 / 15 / 2002	
Mailing Address 1580 Wilson Boulevard Suite 802 City: Arlington State: VA Zip Code: 22209		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name John Conyers, Jr.		Disbursement For: 2002 X Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 14	Transaction ID: 10208050	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. DAK PAC		Date of Disbursement 07 ^N / 15 ^M / 2002 ^Y
Mailing Address 420 C Street, NE City: Washington State: DC Zip Code: 20002 lower level		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	011 Category/ Type
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Other Election	
State: District: 0		Transaction ID: 10208036

Full Name (Last, First, Middle Initial) B. Tom Davis For Congress		Date of Disbursement 07 ^N / 15 ^M / 2002 ^Y
Mailing Address 3304 Juniper Way City: Falls Church State: VA Zip Code: 22044		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name Thomas M. Davis, III	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: VA District: 11		Transaction ID: 10208040

Full Name (Last, First, Middle Initial) C. Tom DeLay Congressional Committee		Date of Disbursement 02 ^N / 27 ^M / 2002 ^Y
Mailing Address 10707 Corporate Drive Suite 130 City: Stafford State: TX Zip Code: 77477		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Funds Reported On 3/7/02 12 day pre-elec	Candidate Name Tom DeLay	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	
State: TX District: 22		[MEMO ITEM] Funds Reported On 3/7/02 12 day pre-election report Transaction ID: 10287078

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Tom DeLay Congressional Committee		Date of Disbursement 07 / 15 / 2002	
Mailing Address 10707 Corporate Drive Suite 130 City State Zip Code Stafford TX 77477		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Re-designated funds for trans. dated 2/2		011 Category/ Type	
Candidate Name Tom DeLay		[MEMO ITEM] Re-designated funds for trans. dated 2/27/2002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10297079	
State: TX District: 22			

Full Name (Last, First, Middle Initial) B. Enzi For US Senate		Date of Disbursement 07 / 15 / 2002	
Mailing Address PO Box 907 City State Zip Code Cillette WY 82717		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Michael B. Enzi			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10208111	
State: WY District: 2			

Full Name (Last, First, Middle Initial) C. Moran for Congress		Date of Disbursement 07 / 15 / 2002	
Mailing Address P.O. Box 1151 City State Zip Code Hays KS 67601		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Jerry Moran			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 10208041	
State: KS District: 1			

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Lone Star Fund		Date of Disbursement 07 / 15 / 2002	
Mailing Address 4 E Street, SE City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		011 Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) 2002 Other Election		
State: District: 0	Transaction ID: 10208049		

Full Name (Last, First, Middle Initial) B. Mainstream America PAC		Date of Disbursement 07 / 15 / 2002	
Mailing Address P.O. Box 4287 City Baton Rouge State LA Zip Code 70821-4287		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		011 Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) 2002 Other Election		
State: District: 0	Transaction ID: 10208047		

Full Name (Last, First, Middle Initial) C. Pickering for Congress		Date of Disbursement 05 / 10 / 2002	
Mailing Address Route 7 P.O. Box 552 City Laurel State MS Zip Code 39440		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Funds Reported On 5/23/02 12 day pre-ele Candidate Name Mr. Charles W. Pickering		011 Category/ Type [MEMO ITEM] Funds Reported On 5/23/02 12 day pre-election report	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify)		
State: MS District: 3	Transaction ID: 10287078		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Pickering for Congress		Date of Disbursement 07 / 15 / 2002	
Mailing Address Route 7 P.O. Box 552 City State Zip Code Laurel MS 39440		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Re-designated funds for trans. dated 5/1		011 Category/ Type	
Candidate Name Mr. Charles W. Pickering		[MEMO ITEM] Re-designated funds for trans. dated 5/10/2002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10297077	
State: MS District: 3			

Full Name (Last, First, Middle Initial) B. Todd Tiaht For Congress		Date of Disbursement 07 / 15 / 2002	
Mailing Address 2250 N Rock Rd # 118-228 City State Zip Code Wichita KS 67228		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Todd Tiaht		Transaction ID: 10208044	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: KS District: 4			

Full Name (Last, First, Middle Initial) C. McCotter Congressional Committee		Date of Disbursement 07 / 15 / 2002	
Mailing Address 39202 Lyndon City State Zip Code Livonia MI 48154		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Thaddeus McCotter		Transaction ID: 10208108	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: MI District: 0			

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Tim Johnson For South Dakota Inc		Date of Disbursement 07 / 15 / 2002	
Mailing Address PO Box 1859 City State Zip Code Sioux Falls SD 57101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Tim Johnson		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: House X Senate President	State: SD District: 2	Transaction ID: 10208077	

Full Name (Last, First, Middle Initial) B. Musgrave For Congress		Date of Disbursement 07 / 15 / 2002	
Mailing Address 15484 Rd 18 1/2 City State Zip Code Fort Morgan CO 80701		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Marilyn Musgrave		Disbursement For: 2002 X Primary General Other (specify) ▼	
Office Sought: X House Senate President	State: CO District: 4	Transaction ID: 10208110	

Full Name (Last, First, Middle Initial) C. Kristen Pugh		Date of Disbursement 07 / 16 / 2002	
Mailing Address 412 First St, SE Suite 12 City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 84.88	
Purpose of Disbursement food items for Dunn event		011 Category/ Type	
Candidate Name Jennifer Dunn		Disbursement For: 2002 X Primary General Other (specify) ▼	
Office Sought: X House Senate President	State: WA District: 8	Transaction ID: 10212689	

SUBTOTAL of Disbursements This Page (optional)	2084.88
TOTAL This Period (last page this line number only)	11584.88

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

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. A-T Children's Project		Date of Disbursement 07 ^N / 15 ^M / 2002 ^Y	
Mailing Address 668 South Military Trail City Deerfield Beach State FL Zip Code 33442		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement charitable contribution to A-T Children's		012 Category/ Type	
Candidate Name		charitable contribution to A-T Children's Project	
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Other Election	Transaction ID: 10208080	
State:	District: 0		

B.

C.

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