

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
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 11 23 2010 through 12 31 2010

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 Frank J Purcell

Signature of Treasurer Electronically Filed by Frank J Purcell Date 01 28 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		136785.54
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	104264.21									
(c) Total Receipts (from Line 19)	20158.01	653561.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124422.22	790346.87								
7. Total Disbursements (from Line 31)	13904.64	679829.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	110517.58	110517.58								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	15937.00	272786.65
(ii) Unitemized	4220.00	370023.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20157.00	642809.82
(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)	20157.00	642809.82
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	10750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.01	1.51
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))	20158.01	653561.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20158.01	653561.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	404.64	275129.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	404.64	275129.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	401200.00
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.....	2500.00	3500.00
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))..	13904.64	679829.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13904.64	679829.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 37

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)	20157.00	642809.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20157.00	642809.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	404.64	275129.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	404.64	275129.29

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Norma F Sorelle		Date of Receipt MM / DD / YYYY 12 / 20 / 2010		
	Mailing Address 109 Keene Road		Transaction ID: 32901031		
	City Acushnet	State MA	Zip Code 02743-1305	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anesthesia Professional, Inc.	Occupation CRNA Locum - part time			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 715.00			

B.	Full Name (Last, First, Middle Initial) Wayne E Ellis		Date of Receipt MM / DD / YYYY 12 / 20 / 2010		
	Mailing Address 219 Crescent Rd		Transaction ID: 32901032		
	City Beckley	State WV	Zip Code 25801-3360	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Trover Foundation Anesthesia Program	Occupation Program Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Lawrence R Stump		Date of Receipt MM / DD / YYYY 12 / 09 / 2010		
	Mailing Address 220 Lyndenglen Dr Apt 208		Transaction ID: 32901033		
	City Ann Arbor	State MI	Zip Code 48103-6982	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Michigan	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	135.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 37
(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 Separate Segregated Fund (CRNA-PAC)

<p>A. Full Name (Last, First, Middle Initial) Wanda O Wilson</p> <p>Mailing Address 900 Adams Crossing Unit 3600</p> <p>City State Zip Code Cincinnati OH 45202-1679</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation AANA Executive Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 23 / 2010</p> <p>Transaction ID: 32901034</p> <p>Amount of Each Receipt this Period 1000.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Sonja M Green</p> <p>Mailing Address 5001 State Rt 503</p> <p>City State Zip Code Greenup KY 41144-9322</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carle Clinic CRNA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2010</p> <p>Transaction ID: 32901035</p> <p>Amount of Each Receipt this Period 100.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Nancy S Gondringer</p> <p>Mailing Address 7216 Parkridge Circle</p> <p>City State Zip Code Lincoln NE 68516-4397</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation St. Elizabeth Regional Medical Center CRNA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 950.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 23 / 2010</p> <p>Transaction ID: 32901036</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A.

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

Mailing Address PO Box 8690

City Kodiak State AK Zip Code 99615-8690

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

Name of Employer Self Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 23 / 2010

Transaction ID: 32901037

Amount of Each Receipt this Period 50.00

B.

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

Mailing Address PO Box 8690

City Kodiak State AK Zip Code 99615-8690

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

Name of Employer Self Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 12 / 10 / 2010

Transaction ID: 32901038

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Scott Gray

Mailing Address 6224 Abiquiu PI NE

City Albuquerque State NM Zip Code 87111-8177

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

Name of Employer Southview Hospital Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 30 / 2010

Transaction ID: 32901040

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A. Full Name (Last, First, Middle Initial)
Norma H Landis
Mailing Address 2122 Erickman Ln
City State Zip Code
Xenia OH 45385-8918
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
ANS INC 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
1 1 / 3 0 / 2 0 1 0
Transaction ID: 32901041
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Amy T Pfeil Neimkin
Mailing Address 368 Woodward Ct
City State Zip Code
Birmingham AL 35242-6040
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UAB CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1370.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 1 0
Transaction ID: 32901044
Amount of Each Receipt this Period 85.00

C. Full Name (Last, First, Middle Initial)
Cheryl L Nimmo
Mailing Address 26 Aberdeen Road
City State Zip Code
East Providence RI 02915-5002
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Orthopaedic Associates CRNA
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0
Transaction ID: 32901046
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 435.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 37
	<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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Daniel Greenwald		Date of Receipt MM / DD / YYYY 12 / 20 / 2010		
	Mailing Address 11094 2nd Street		Transaction ID: 32901047		
	City Mount Vernon	State WA	Zip Code 98273-7210	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation CRNA	Aggregate Year-to-Date 550.00		

B.	Full Name (Last, First, Middle Initial) Vance Wormwood		Date of Receipt MM / DD / YYYY 12 / 09 / 2010		
	Mailing Address 29 Windsor Pines Drive		Transaction ID: 32901050		
	City Scarborough	State ME	Zip Code 04074-8865	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mercy Hospital	Occupation CRNA	Aggregate Year-to-Date 480.00		

C.	Full Name (Last, First, Middle Initial) James R Ragon		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 45 Parkview Cv		Transaction ID: 32901051		
	City Piperton	State TN	Zip Code 38017-5389	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation CRNA	Aggregate Year-to-Date 360.00		

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 37
	<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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Steven M Sertich	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address PO Box 96685	Transaction ID: 32901053
	City State Zip Code Las Vegas NV 89193-6685	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Occupation CRNA	Aggregate Year-to-Date 2900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Wilma K Gillis	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 7 Fuller Dr	Transaction ID: 32901054
	City State Zip Code Madison WI 53704-5924	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Univ of Wisconsin School of Med & Publ Occupation CRNA	Aggregate Year-to-Date 1110.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Wilma K Gillis	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 7 Fuller Dr	Transaction ID: 32901055
	City State Zip Code Madison WI 53704-5924	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Univ of Wisconsin School of Med & Publ Occupation CRNA	Aggregate Year-to-Date 1060.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

A.	Full Name (Last, First, Middle Initial) Lynn J Reede		Date of Receipt
	Mailing Address 2411 55th Street NE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	City	State	Zip Code
	Canton	OH	44721-3416
	FEC ID number of contributing federal political committee. C		Transaction ID: 32901056
Name of Employer Ohio Based Physician		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 370.00	

B.	Full Name (Last, First, Middle Initial) Jon W Buggs		Date of Receipt
	Mailing Address 1037 N 14th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Manitowoc	WI	54220-3234
	FEC ID number of contributing federal political committee. C		Transaction ID: 32901057
Name of Employer Holy Family Memorial		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Todd W Herzog		Date of Receipt
	Mailing Address 41487 NE Foulweather Bluff Rd PO Box 455		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Hansville	WA	98340-9737
	FEC ID number of contributing federal political committee. C		Transaction ID: 32901060
Name of Employer Pacific Northwest Anesthesia Services		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 700.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 410.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial) Paul W Santoro		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address Anesthesia Staffing Consultants 30200 Telegraph Rd Ste 220		Transaction ID: 32901061
City Bingham Farms	State MI	Zip Code 48025-4506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ambulatory Surgery Consul- tants	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2450.00	

B.

Full Name (Last, First, Middle Initial) Ruth A Morris		Date of Receipt MM / DD / YYYY 11 / 23 / 2010
Mailing Address 10437 W 125th Ter		Transaction ID: 32901063
City Overland Park	State KS	Zip Code 66213-2172
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Anesthesiology Profession- als	Occupation Nurse Anesthetists	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.

Full Name (Last, First, Middle Initial) Col Brian D Campbell		Date of Receipt MM / DD / YYYY 12 / 20 / 2010
Mailing Address 14 Townsend St		Transaction ID: 32901066
City Malden	State MA	Zip Code 02148-6323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
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 ▼ 1020.00	

SUBTOTAL of Receipts This Page (optional)	▶	1335.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)
Lawrence K Beck

Mailing Address PO Box 259403

City Madison State WI Zip Code 53725-9403

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

Name of Employer Dean Medical Center Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 10 / 2010

Transaction ID: 32901068

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dean T Mazurek

Mailing Address 21 Steven Drive

City Voorhees State NJ Zip Code 08043-2273

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

Name of Employer Mazurek Anesthesia Services, LLC Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1335.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 32901071

Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
Dean T Mazurek

Mailing Address 21 Steven Drive

City Voorhees State NJ Zip Code 08043-2273

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

Name of Employer Mazurek Anesthesia Services, LLC Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1535.00

Date of Receipt 12 / 20 / 2010

Transaction ID: 32901072

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial) Denise R Mitcham		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 3828 Whitman Rd		Transaction ID: 32901073
City Annandale	State VA	Zip Code 22003-2200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Commonwealth Orthopaedics	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) Terry C Wicks		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address PO Box 910 111 Windsor Street		Transaction ID: 32901074
City Rutherford College	State NC	Zip Code 28671-0910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Catawba Valley Medical Center	Occupation crna	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	

C.

Full Name (Last, First, Middle Initial) Stephen J Yermal		Date of Receipt MM / DD / YYYY 12 / 17 / 2010
Mailing Address 1000 SW Vista Ave Apt 1215		Transaction ID: 32901076
City Portland	State OR	Zip Code 97205-1142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.00
Name of Employer Quality of Transplant Study	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Stephen J Yermal		Date of Receipt	
	Mailing Address 1000 SW Vista Ave Apt 1215		M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 32901077
	Portland	OR	97205-1142	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		95.00	
Name of Employer Quality of Transplant Study		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		

B.	Full Name (Last, First, Middle Initial) Leslie Ann Jeter		Date of Receipt	
	Mailing Address 1244 Wildcliff Cir NE		M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 32901082
	Atlanta	GA	30329-3473	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Ambulatory Anesthesia		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1825.00		

C.	Full Name (Last, First, Middle Initial) Christine E Fultz		Date of Receipt	
	Mailing Address 7765 Woodlands Trl		M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 32901083
	Chesterland	OH	44026-3000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer Cleveland Clinic		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	▶	1295.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 / 37
<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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Debra A Barber		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 834 Inspiration Way		Transaction ID: 32901085		
	City Louisville	State KY	Zip Code 40245-3989	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anesthesia Associates of Kentuckiana		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 620.00			

B.	Full Name (Last, First, Middle Initial) Debra A Barber		Date of Receipt MM / DD / YYYY 11 / 23 / 2010		
	Mailing Address 834 Inspiration Way		Transaction ID: 32901086		
	City Louisville	State KY	Zip Code 40245-3989	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anesthesia Associates of Kentuckiana		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) Betty J Brosh-Schoenecker		Date of Receipt MM / DD / YYYY 11 / 30 / 2010		
	Mailing Address 10447 W Bucktail Dr		Transaction ID: 32901087		
	City Boise	State ID	Zip Code 83714-9522	Amount of Each Receipt this Period 84.00	
	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 ▼ 484.00			

SUBTOTAL of Receipts This Page (optional)	▶	304.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 37
	<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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Betty J Brosh-Schoenecker	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 10447 W Bucktail Dr	Transaction ID: 32901088
	City State Zip Code Boise ID 83714-9522	Amount of Each Receipt this Period 84.00
	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 ▼ 568.00	

B.	Full Name (Last, First, Middle Initial) Steve L Alves	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 273 Ash St	Transaction ID: 32901089
	City State Zip Code Brockton MA 02301-4139	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Northeastern University Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Paul D Beninga	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 6804 S Hughes Ave	Transaction ID: 32901091
	City State Zip Code Sioux Falls SD 57108-5834	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Avera McKinney Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	1184.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)
Emilia Zeller

Mailing Address 2710 Casas Del Sur Ct

City State Zip Code
Granbury TX 76049-1465

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

Name of Employer Occupation
Glen Rose Medical Center CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: 32901093

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Deborah A Cleary

Mailing Address 584 County Road 543

City State Zip Code
Hondo TX 78861-5505

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

Name of Employer Occupation
Wilford Hall Medical Ctr - Lockland AF CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: 32901094

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Kandi T Smith

Mailing Address 816 Pradera Ct E

City State Zip Code
Fort Worth TX 76108-9595

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

Name of Employer Occupation
Aloha Nurse Anesthesia Services, PC CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1702.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Transaction ID: 32901095

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **170.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A. Full Name (Last, First, Middle Initial)
Carolyn C Burnett
Mailing Address 1305 Danbury Dr
City Mansfield State TX Zip Code 76063-3812
FEC ID number of contributing federal political committee. **C**
Name of Employer Cook Children's Medical Center Occupation CRNA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 290.00
Date of Receipt 12 / 10 / 2010
Transaction ID: 32901096
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Shawn B Collins
Mailing Address 128 Fawn Vly
City Mills River State NC Zip Code 28759-8705
FEC ID number of contributing federal political committee. **C**
Name of Employer Western Carolina University Occupation CRNA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 270.00
Date of Receipt 12 / 10 / 2010
Transaction ID: 32901098
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Sharon G Niemann
Mailing Address 2641 S 218th St W
City Goddard State KS Zip Code 67052-9275
FEC ID number of contributing federal political committee. **C**
Name of Employer Newman University Occupation CRNA
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1025.00
Date of Receipt 12 / 20 / 2010
Transaction ID: 32901099
Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) **125.00**
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 37
	(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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Arthur J Zwerling	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 8233 Brookside Rd	Transaction ID: 32901103
	City State Zip Code Elkins Park PA 19027-2403	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Foxchase Cancer Center CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B.	Full Name (Last, First, Middle Initial) Sharon K Gray	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 6224 Abiquiu PI NE	Transaction ID: 32901105
	City State Zip Code Albuquerque NM 87111-8177	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Debra P Pecka Malina	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 363 Riverbluff PI Apt 1	Transaction ID: 32901108
	City State Zip Code Memphis TN 38103-4141	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Regional Medical Center CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1185.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Margaret R Cannon-Diehl		Date of Receipt
	Mailing Address 3032 32nd St S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Fargo	ND	58103-7889
	FEC ID number of contributing federal political committee. C		Transaction ID: 32901110
Name of Employer Ben Taub Trauma Center		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Keith W Larson		Date of Receipt
	Mailing Address 1529 Ivory Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lake Elmo	MN	55042-9311
	FEC ID number of contributing federal political committee. C		Transaction ID: 32901111
Name of Employer Northfield Hospital		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 740.00	<input type="text"/> 85.00

C.	Full Name (Last, First, Middle Initial) Danette J Plautz		Date of Receipt
	Mailing Address 9020 Pettit Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Highland	IN	46322-2154
	FEC ID number of contributing federal political committee. C		Transaction ID: 32901112
Name of Employer Great Lakes Anesthesia		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 245.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 605.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 37
	(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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Janet L Setnor		Date of Receipt	
	Mailing Address 7766 Camp David Drive		M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 32901114
	Springfield	VA	22153-2370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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 ▼		
		850.00		

B.	Full Name (Last, First, Middle Initial) Karen M Bordewyk		Date of Receipt	
	Mailing Address 1912 S Austin Dr		M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 32901115
	Sioux Falls	SD	57105-0109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer Hearth Hospital		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		400.00		

C.	Full Name (Last, First, Middle Initial) Jones B Darnell		Date of Receipt	
	Mailing Address 212 Pinewood Dr		M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 32901118
	Elkin	NC	28621-3035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		84.00	
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 ▼		
		920.00		

SUBTOTAL of Receipts This Page (optional)	▶	534.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A. Full Name (Last, First, Middle Initial)
Eugene A McGough

Mailing Address 101 Medford Ct

City Yorktown State VA Zip Code 23693-0012

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

Name of Employer: Naval Medical Center, Portsmouth
Occupation: CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: 32901119
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Laurie A Heline

Mailing Address 623 S Alexander Ave

City Royal Oak State MI Zip Code 48067-2822

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

Name of Employer Requested: _____
Occupation: CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 12 / 20 / 2010
Transaction ID: 32901120
 Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Pauleen R Consebido

Mailing Address 65 Humiston Dr

City Bethany State CT Zip Code 06524-3175

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

Name of Employer: Medical Anesthesia Associates
Occupation: CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: 32901121
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 640.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A. Full Name (Last, First, Middle Initial)
Ronda K Brammer

Mailing Address 1913 N Frederic St

City State Zip Code
Wichita KS 67206-8904

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

Name of Employer Occupation
Galihia Heart Hospital CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 32901122

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Kendra S James

Mailing Address 3700 Manly Rd

City State Zip Code
Goddard KS 67052-9504

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

Name of Employer Occupation
Christi Regional Medical Center CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 1 0

Transaction ID: 32901123

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
Kendra S James

Mailing Address 3700 Manly Rd

City State Zip Code
Goddard KS 67052-9504

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

Name of Employer Occupation
Christi Regional Medical Center CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: 32901124

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **1170.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)
Steven J Waldorf

Mailing Address 7480 Indigo Cir

City Middleton State WI Zip Code 53562-4196

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

Name of Employer Self Employed Occupation Nurse Anesthetist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2010

Transaction ID: 32901126

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Donna J Jordanhazy

Mailing Address 105 Spring Valley Rd

City Valencia State PA Zip Code 16059-2823

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

Name of Employer University of Pittsburgh Medical Centre Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 10 / 2010

Transaction ID: 32901128

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Mark V Vadney

Mailing Address 3201 Northridge Cir

City Altus State OK Zip Code 73521-2356

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 ▼ 240.00

Date of Receipt 12 / 10 / 2010

Transaction ID: 32901129

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 290.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)
Mindy K Miller

Mailing Address 2014 SW Sage Cir

City Ankeny State IA Zip Code 50023-8210

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 ▼ 455.00

Date of Receipt 12 / 10 / 2010

Transaction ID: 32901132

Amount of Each Receipt this Period 85.00

B.

Full Name (Last, First, Middle Initial)
Stacey L Whittington

Mailing Address 169 Woodland Ave

City Old Town State ME Zip Code 04468-5923

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

Name of Employer Eastern Maine Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 32901135

Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
Gregory J Seiler

Mailing Address 1412 Kingsbury Rd

City Garden City State KS Zip Code 67846-3332

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

Name of Employer Russell Regional Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 30 / 2010

Transaction ID: 32901138

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 485.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)
Michael P Storey

Mailing Address 373 Elliott St

City State Zip Code
Beverly MA 01915-2309

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

Name of Employer Occupation
Brigham and Womens Hospital 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
1 1 / 3 0 / 2 0 1 0

Transaction ID: 32901139

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Rebecca L Clifford

Mailing Address 1116 Cobridge Dr

City State Zip Code
Rochester Hills MI 48306-3719

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

Name of Employer Occupation
Omaha Hospital 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
1 1 / 3 0 / 2 0 1 0

Transaction ID: 32901144

Amount of Each Receipt this Period
150.00

C.

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

Mailing Address 10 Oak Springs Dr

City State Zip Code
Arden NC 28704-8834

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

Name of Employer Occupation
asheville anesthesia crna

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: 32901145

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **435.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 37
(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 Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)
Dorota K Ward

Mailing Address 8120 23rd Ct NE

City State Zip Code
Seattle WA 98115-4534

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

Name of Employer: Univ of Washington Medical Center
Occupation: CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: 32901149
Amount of Each Receipt this Period: 150.00

B.

Full Name (Last, First, Middle Initial)
Heather J Rankin

Mailing Address 2515 Oakleaf Cir

City State Zip Code
Bessemer AL 35022-7240

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

Name of Employer Requested
Occupation: CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt: 11 / 30 / 2010
Transaction ID: 32901150
Amount of Each Receipt this Period: 200.00

C.

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

Mailing Address 416 NW 8th St

City State Zip Code
Pendleton OR 97801-1332

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

Name of Employer: Anesthesia Associates of Boise
Occupation: CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt: 12 / 10 / 2010
Transaction ID: 32901153
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► **370.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 37
	<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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Jaclyn Dobrzynski		Date of Receipt																					
	Mailing Address 13 White Oak Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	3	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	3	/	2	0	1	0														
	City State Zip Code Landenberg PA 19350-1027		Transaction ID: 32901158																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00																						
Name of Employer self Occupation CRNA		Aggregate Year-to-Date ▼ 400.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

B.	Full Name (Last, First, Middle Initial) Amy H Fleming		Date of Receipt																					
	Mailing Address 35 Caledonia Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	1	0	/	2	0	1	0														
	City State Zip Code Asheville NC 28803-2536		Transaction ID: 32901159																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00																						
Name of Employer Asheville Anesthesia Assc Occupation CRNA		Aggregate Year-to-Date ▼ 400.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

C.	Full Name (Last, First, Middle Initial) Cary N Carter		Date of Receipt																					
	Mailing Address 618 Arvern Dr		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	2	0	/	2	0	1	0														
	City State Zip Code Altamonte Spg FL 32701-6226		Transaction ID: 32901163																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00																						
Name of Employer Wolverine Anesthesia Consultants Occupation CRNA		Aggregate Year-to-Date ▼ 800.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	▶	290.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 37
	<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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Michael A Mackinnon	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 7701 W Saint John Rd Apt 2118	Transaction ID: 32901164
	City State Zip Code Glendale AZ 85308-8633	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ARIZONA HEART ANESTHESIA	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

B.	Full Name (Last, First, Middle Initial) Christopher W Hogan	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 205 Campbell Drive	Transaction ID: 32901167
	City State Zip Code Lawrence KS 66049-4288	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Anesthesia Services of Eastern Jackson	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

C.	Full Name (Last, First, Middle Initial) Laura S Dozier	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 247 Molasses Ln	Transaction ID: 32901171
	City State Zip Code Mount Pleasant SC 29464-2523	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Medical University of South Carolina -	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	190.00
TOTAL This Period (last page this line number only)	15937.00

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bob Filner for Congress</p> <p>Mailing Address P.O. Box 127868</p> <p>City San Diego State CA Zip Code 92112</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Bob Filner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32636248</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Whitfield For Congress Comm.</p> <p>Mailing Address 108 Alumni Avenue</p> <p>City Hopkinsville State KY Zip Code 42240</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32636249</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>candidate contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Mark Warner</p> <p>Mailing Address 201 North Union Street Suite 300</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. Mark Warner</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32636251</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

<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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Collins for Senator	Transaction ID: 32636252 Date of Disbursement 12 / 01 / 2010
	Mailing Address P.O. Box 1096 186 Exchange Street	Amount of Each Disbursement this Period 1000.00
	City Bangor State ME Zip Code 04402-1096	
	Purpose of Disbursement candidate contribution Candidate Name Susan Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	011 Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	candidate contribution

B.	Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee	Transaction ID: 32636254 Date of Disbursement 12 / 01 / 2010
	Mailing Address P.O. Box 395	Amount of Each Disbursement this Period 1000.00
	City Wrentham State MA Zip Code 02903	
	Purpose of Disbursement candidate contribution Candidate Name Mr. Scott Brown Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	candidate contribution

C.	Full Name (Last, First, Middle Initial) Dan Coats For Indiana	Transaction ID: 32636256 Date of Disbursement 12 / 01 / 2010
	Mailing Address PO Box 301141	Amount of Each Disbursement this Period 1000.00
	City Indianapolis State IN Zip Code 46230	
	Purpose of Disbursement candidate contribution Candidate Name Mr. Daniel Coats Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Debt -	candidate 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)

PAGE 34 / 37

<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 Separate Segregated Fund (CRNA-PAC)

A. Full Name (Last, First, Middle Initial) John Kerry for Senate Mailing Address 10 G Street NE, Suite 710 City Washington State DC Zip Code 20002 Purpose of Disbursement candidate contribution Candidate Name John Kerry Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32718051 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 candidate contribution
B. Full Name (Last, First, Middle Initial) McConnell Senate Committee Mailing Address P.O. Box 1496 City Louisville State KY Zip Code 40201 Purpose of Disbursement candidate contribution Candidate Name Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32718455 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 candidate contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

11000.00

**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 35 / 37

<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	<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 (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)

Alaska Voter Protection Fund

Mailing Address PO Box 7503

City Washington State DC Zip Code 20013

Purpose of Disbursement
Recount2010 Recount donation

Candidate Name
Ms. Lisa Murkowski

Office Sought: House
 Senate
 President

State: AK District:

Disbursement For: Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 32636253

Date of Disbursement

12 / 01 / 2010

Amount of Each Disbursement this Period

2500.00

Recount donation

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

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

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

FOR LINE NUMBER: (check only one)

<input 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 (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address Po Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement bank fees Candidate Name <hr/> 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) ▼	Transaction ID: 32901178 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 71.16
		bank fees	
B.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address Po Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement bank fees Candidate Name <hr/> 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) ▼	Transaction ID: 32901179 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 7.09
		bank fees	
C.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address Po Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement bank fees Candidate Name <hr/> 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) ▼	Transaction ID: 32901180 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 122.34
		bank fees	

SUBTOTAL of Disbursements This Page (optional)	200.59
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 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 (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address Po Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement bank fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 32901181

Date of Disbursement

12 / 24 / 2010

Amount of Each Disbursement this Period

8.95

bank fees

B.

Full Name (Last, First, Middle Initial)

Edonations

Mailing Address 118 North Saint Asaph Street,

City Alexandria State VA Zip Code 22314

Purpose of Disbursement fees for processing online CRNA-PAC credit card transactions from AANA members

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 32901182

Date of Disbursement

12 / 21 / 2010

Amount of Each Disbursement this Period

195.10

fees for processing online CRNA-PAC credit card transactions from AANA members

SUBTOTAL of Disbursements This Page (optional)

204.05

TOTAL This Period (last page this line number only)

404.64