FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) ☐ ◀ (Check if address is changed)

10275 W. Higgins Rd

Suite 500 - c/o Finance Department

Rosemont (CITY ▲) IL (STATE ▲) 60018 – (ZIP CODE ▲)

COMMITTEE'S E-MAIL ADDRESS

☒ ◀ (Check if address is changed)

crnapacfec@aanadc.com

Optional Second E-Mail Address

info@aanadc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◀ (Check if address is changed)

2. DATE MM 02 / DD 10 / YYYY 2026

3. FEC IDENTIFICATION NUMBER ▶ C C00173153

4. IS THIS STATEMENT ☐ NEW (N) **OR** ☒ AMENDED (A)

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

Type or Print Name of Treasurer Bruce, Bill, , ,

Signature of Treasurer Bruce, Bill, , , Date MM 02 / DD 10 / YYYY 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

5. TYPE OF COMMITTEE:

Candidate Committee:

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

(e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☒ Membership Organization ☐ Trade Association ☐ Cooperative

☒ In addition, this committee is a Lobbyist/Registrant PAC.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

(h) ☐ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. C

2. C

Write or Type Committee Name

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

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

American Association of Nurse Anesthetists

Mailing Address
10275 W. Higgins Rd
Suite 500
Rosemont | IL | 60018 –
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: [X] Connected Organization [ ] Affiliated Organization [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name
Graunke, Eric, , Mr.,

Mailing Address
10275 W. Higgins Rd
Suite 500
Rosemont | IL | 60018 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼
Controller

Telephone number – –

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer
Bruce, Bill, , ,

Mailing Address
10275 W. Higgins Road
Suite 5000
Rosemont | IL | 60018 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼
Treasurer

Telephone number 202 – 484 – 8400

Full Name of Designated Agent: Harris, Catharine, , ,

Mailing Address: 25 Massachusetts Ave NW
Suite 320
Washington | DC | 20001 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Director of Politica

Telephone number: 202 – 741 – 9087

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.: Wintrust Bank, N.A.

Mailing Address: 231 S LaSalle
Floor 2
Chicago | IL | 60604 –
CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.:

Mailing Address:
CITY ▲ STATE ▲ ZIP CODE ▲

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F1A**
Transaction ID :

This is being amended to appoint a new treasurer.

Form/Schedule:
Transaction ID: