



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="715964.84"/>	<input type="text" value="715964.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="860584.48"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="56075.55"/>	<input type="text" value="496240.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="916660.03"/>	<input type="text" value="1212205.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19700.00"/>	<input type="text" value="315245.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="896960.03"/>	<input type="text" value="896960.03"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32483.55	279264.56
(ii) Unitemized .....	23592.00	215475.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	56075.55	494740.19
(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) .....	56075.55	494740.19
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	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	56075.55	496240.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	56075.55	496240.19

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	307000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	200.00	2245.00
(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)).....	200.00	2245.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	6000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19700.00	315245.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19700.00	315245.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	56075.55	494740.19
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	2245.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55875.55	492495.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 130
	<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. Abraham, Bibin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Silverwood Dr  
 City Mansfield State TX Zip Code 76063-6784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parkland Health & Hospital System Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4C32939F80362FA4D0A3**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Adkins, Ashleigh, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 Left Fork Buffalo Crk  
 City West Hamlin State WV Zip Code 25571-7683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent 1099 Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 479FA127B78E1D7D132F**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Adkins, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 Lambert Ln  
 City Springfield State IL Zip Code 62704-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) sangamon associated anesthesio Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 4EFDBF1A0C87D1ED1F2D**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Afable, Juan Carlos, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 444 Marks Ridge Rd  
 City Bardstown State KY Zip Code 40004-8217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fable Anesthesia PLLC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 08 / 2018  
**Transaction ID : 4700BF6D2D8852631D02**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Alberti, Shawn, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2511 Oak Aly  
 City Tyler State TX Zip Code 75703-5834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christus Trinity Mother Frances Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 49DB9462145068ACF890**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Ambrose, Theodore, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 Alexis Dr  
 City Bloomsburg State PA Zip Code 17815-7718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Geisinger Health System Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2018  
**Transaction ID : 4229A8D62C3181490732**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Anderson, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1525 Poplar Ln  
 City North Liberty State IA Zip Code 52317-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Hospitals and Clini Occupation (for Individual) Certified Registered Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 603.31

Date of Receipt 07 / 18 / 2018  
**Transaction ID : 4887B0B3BA04D31FA194**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Andrade, Marilyn, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5739 Capitol Forest Dr SW  
 City Olympia State WA Zip Code 98512-2826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 291.69

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 44A49C089BE196EE461B**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Audas, Judy, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5741 Chadwick Ct  
 City West Chester State OH Zip Code 45069-1047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Childrens Hospital And University of C Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 475.00

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 45A1A06C5C9FD32A0431**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Awai, Michael, SK, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12345 Gately Ridge Ct  
 City Jacksonville State FL Zip Code 32225-5842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UF Health Jacksonville Occupation (for Individual) nurse anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 08 / 2018  
**Transaction ID : 4D73A0A6BAAB2F7A9EAC**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Babcock, Scott, William, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11060 N Garland McKee Rd  
 City Prairie Grove State AR Zip Code 72753-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anesthesia Associates of Central Kansa Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 449CA6383AF3A32FAAAA4**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Baker, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 538 South Ln  
 City Granville State MA Zip Code 01034-9486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SAS Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 419FA4FA6A56573FF1A9**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	213.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Bamgbose, Elizabeth, Blu, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1800 S Pacific Coast Hwy  
 Unit 29  
 City Redondo Beach State CA Zip Code 90277-6161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USC Keck Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 47B9962F3FCC316F63BD**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Banek, Rafal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1210 E Park Ave  
 City Libertyville State IL Zip Code 60048-2955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US NAVY Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 476AA4DEC083CE7F47AC**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Barber, Debra, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 834 Inspiration Way  
 City Louisville State KY Zip Code 40245-3989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Triple Crown Anesthesia Occupation (for Individual) Nurse anesthetist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 18 / 2018  
**Transaction ID : 41AF8CF2F5F5769165E9**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	148.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Bassett, Ann, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Woodlawn Rd  
 City New London State CT Zip Code 06320-2935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Woodland Anesthesiology Associates Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 409E8E3CF2AC505A0267**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Beary, Alice, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 N Wenthe Dr  
 City Effingham State IL Zip Code 62401-1761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baptist Health Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 30 / 2018  
**Transaction ID : 4579BA2A8159702E8CE8**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Bednarchik, Matthew, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 931 S Wake Rd  
 City New Berlin State IL Zip Code 62670-6517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Johns Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 06 / 2018  
**Transaction ID : 48B98922A279A4B1CD87**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	198.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Beede, Scott, Aaron, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 W 52nd St  
 Apt TH202

City New York State NY Zip Code 10019-7861

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

Name of Employer (for Individual) Windy City Anesthesia Occupation (for Individual) CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 212.87

Date of Receipt  
 07 / 11 / 2018  
**Transaction ID : 4CE795DBD08BE18435EF**

Amount of Each Receipt this Period  
 30.41

Memo Item

**B. Bender, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 3912

City Portland State ME Zip Code 04104-3912

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

Name of Employer (for Individual) CMMC Occupation (for Individual) CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 07 / 08 / 2018  
**Transaction ID : 47FBB79295E7D8FFF7F6**

Amount of Each Receipt this Period  
 83.33

Memo Item

**C. Beringa, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6804 S Hughes Ave

City Sioux Falls State SD Zip Code 57108-5834

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

Name of Employer (for Individual) Avera McKennan Hospital Occupation (for Individual) CRNA

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 958.38

Date of Receipt  
 07 / 12 / 2018  
**Transaction ID : 48B09FD96561DF21E2A6**

Amount of Each Receipt this Period  
 83.34

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 197.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Berger, Michael, Donn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12204 Valleybrook Dr  
 City Richmond State VA Zip Code 23233-1071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VCUHS Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 06 / 2018  
**Transaction ID : 4F3E918004A7DD380FCD**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Bertrand, Joseph, D, , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 8th St Apt 1308  
 City Charlestown State MA Zip Code 02129-4215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New England Pain Management Consultant Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 4FC8B404D91AC42BAD63**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Bias, Lee, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Morris Ter  
 City Culloden State WV Zip Code 25510-9050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1178.00

Date of Receipt 07 / 04 / 2018  
**Transaction ID : 4205975738B231C0933B**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Biddle, Bethany, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 Yale Dr  
 City Mansfield    State OH    Zip Code 44907-1927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avita    Occupation (for Individual) CRNA  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 07 / 11 / 2018  
**Transaction ID : 93CAEB11E37F4939B1C4**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Bing, John, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14009 12 Oaks Ct  
 City Clarksville    State MD    Zip Code 21029-1152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self    Occupation (for Individual) CRNA  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 4B7495978D90AE6E2E7C**  
 Amount of Each Receipt this Period 91.25  
 Memo Item

**C. Binns-Turner, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 246 Riverlake Rd  
 City Fair Play    State SC    Zip Code 29643-2756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Union University    Occupation (for Individual) Asst. Dir. & Asst. Professor  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 45F7897FB4B2C91D3AFA**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	146.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Bishop, Harold, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Sage Ln  
 City Lufkin State TX Zip Code 75904-6304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) dreamworks anes assoc pllc Occupation (for Individual) nurse anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4E51A24EB6D5629C93B1**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Bland, Robert, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1198 Winsome Cir  
 City Florence State OR Zip Code 97439-2600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Veterans Healthcare Administration Occupation (for Individual) Certified Registered Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 25 / 2018  
**Transaction ID : 497A8E8FECDD57770F910**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Bledsoe, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10847 Tibbetts Rd  
 City Kirtland State OH Zip Code 44094-5194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) cleveland clinic Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 28 / 2018  
**Transaction ID : 40ABAE3034C19B0B529B**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.82  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Bless, Dennis, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Portland Ave  
 Unit 1302  
 City Minneapolis State MN Zip Code 55415-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fair View Southdale Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 465F95BD60B88ED22028**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Bode, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2515 Itani Dr  
 City Moscow State ID Zip Code 83843-9672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gritman Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 04 / 2018  
**Transaction ID : 4A0EBA1980E0492C53C1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Boettger, Diane, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Moonlight Dr  
 City Monroeville State PA Zip Code 15146-2058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Pittsburgh Occupation (for Individual) Staff CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 07 / 04 / 2018  
**Transaction ID : 43B690D83E0C08001D4B**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	148.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Bolin, Sarah, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1608 Barcus Dr  
 City Georgetown State TX Zip Code 78626-7372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Army Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 24 / 2018**  
**Transaction ID : 4833A54220D7CB1D3FBC**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**B. Bonom, Julie, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 362 Hagaman Ln  
 City Andersonville State TN Zip Code 37705-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Tennessee Occupation (for Individual) Associate Program Dir  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 28 / 2018**  
**Transaction ID : 42C8AE2967EC632A3436**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**C. Bonom, Stevan, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 362 Hagaman Ln  
 City Andersonville State TN Zip Code 37705-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bonom Anesthesia Occupation (for Individual) CRNA & President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 28 / 2018**  
**Transaction ID : 4A2D9F2D2AB445CEA661**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>91.23</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Bordewyk, Karen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1912 S Austin Dr  
 City Sioux Falls State SD Zip Code 57105-0109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Avera Heart Hospital CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2018  
**Transaction ID : 4CEF87262A7FA98CE9D3**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Bosaw, Georgene, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12205 Roger Ln  
 City Des Peres State MO Zip Code 63131-4321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 western anesthesiologist CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2018  
**Transaction ID : 4F49A679A59ACECC0414**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Bowersox, Monique, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1728 Quarry Ridge PI NW Apt 318  
 City Rochester State MN Zip Code 55901-0823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mayo Clinic Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 541.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2018  
**Transaction ID : 46F7B77887D853E73A39**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	417.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Boyd, Janice, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4433 Cranbrook Trl  
 City Orchard Lake State MI Zip Code 48323-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) william beaumont hospital Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 30 / 2018  
**Transaction ID : 03C8739EC02C4848A197**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Branch, Myra, Kellam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 725 Old Hunt Way  
 City Herndon State VA Zip Code 20170-3158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax, American Anesthesiology of VA Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 467.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 4396B8657A3232081FD9**  
 Amount of Each Receipt this Period 31.00  
 Memo Item

**C. Brand, Robert, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Harvestgate Ct  
 City Lake Saint Louis State MO Zip Code 63367-4360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 29 / 2018  
**Transaction ID : 410E82B6BE467ED58095**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	161.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Branstetter, Casey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5600 W Lovers Ln  
 Ste 116-183  
 City Dallas State TX Zip Code 75209-4330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MTC Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 43FCBFBA0AD65063075C**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Braud, Marcus, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1581 Holcomb Cir  
 City Tyler State TX Zip Code 75703-0808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHRISTUS Trinity Clinic Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 4B62A7856FCB3CB949BD**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Brenart, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Wooden Bridge Dr  
 City Yorkville State IL Zip Code 60560-9708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Evanston Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 08 / 2018  
**Transaction ID : 4B3E87674C0718CE535E**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	213.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bryant, Carolyn, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1457 Maple Lake Rd  
 City Bridgeport State WV Zip Code 26330-7815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Hospital Center Occupation (for Individual) Certified Registered Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : 40B3B832342605ABB75F**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Bryngelson, Jay, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 Copeland Hill Rd  
 City Holden State ME Zip Code 04429-7017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nurse Anesthesia of Maine Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.46

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 4E6D8B0DE71478DE0220**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Burnett, Gena, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8059 Hogan Dr  
 City Wake Forest State NC Zip Code 27587-6662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Durham Regional Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 14 / 2018  
**Transaction ID : B608002718514A5C9F93**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Burns, Kathy, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 912 Thousand Oaks Loop  
 City San Marcos State TX Zip Code 78666-7374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 11 / 2018**  
**Transaction ID : 4EAE85156034B0AB6913**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**B. Cain, Kyron, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 Four Oaks Trl  
 City Clover State SC Zip Code 29710-9327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carolina Anesthesia Associates Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **291.62**

Date of Receipt **07 / 26 / 2018**  
**Transaction ID : 40DA87EAF3739A951111**  
 Amount of Each Receipt this Period **41.66**  
 Memo Item

**C. Cameron, Douglas, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Knight Ave  
 City Easthampton State MA Zip Code 01027-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sheridan Healthcorps Occupation (for Individual) Staff CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 31 / 2018**  
**Transaction ID : 4C9A83C629E3A2045014**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>155.40</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Campbell, Robert, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2213 Dogwood Trace Blvd  
 City Lexington State KY Zip Code 40514-2417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 837.87

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 480C8130457BF7EE0637**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Cappello, Mark, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1511 W Ardmore Ave Apt 1  
 City Chicago State IL Zip Code 60660-4289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 17 / 2018  
**Transaction ID : 48C9B35C09D692CFB9C5**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Carlstead, Martha, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12532 26th Ave NE Apt A  
 City Seattle State WA Zip Code 98125-8806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Mason Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.46

Date of Receipt 07 / 29 / 2018  
**Transaction ID : 4EEFB0F9AB2B0819FBC0**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Carter, David, William, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2908 Americus Dr  
 City Thompsons Station State TN Zip Code 37179-9600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Aesthetics LLC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 19 / 2018  
**Transaction ID : 43A49D7DD03F593D2DC4**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Carter, T'Any, Marye, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2228 Colony Ct  
 City Dallas State TX Zip Code 75235-3521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anesthesia Consultants of Dallas Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 4A0CA61E1D04704B3093**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Cary, Jamie, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 507 Rogers Ave  
 City Greenville State KY Zip Code 42345-1133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NorthStar Anesthesia Services. Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 439CBEC159D2A83488BD**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	374.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Cederstrom, LuAnn, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1536 Valley Bluffs Dr  
 City Minot State ND Zip Code 58701-7479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Trinity Health Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2018  
**Transaction ID : 441C86127703B91DFBE8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Chambers, Pamela, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Water Garden Dr  
 City Waxahachie State TX Zip Code 75165-6239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hillcrest Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 445BB54297AB08BED701**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Christ, Renee, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 Deerewood Ln  
 City Bismarck State ND Zip Code 58503-9152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHI St. Alexius Medical Center Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 391.62

Date of Receipt 07 / 07 / 2018  
**Transaction ID : 4AC284840DC6ED3151E5**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.99
<b>TOTAL</b> 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 26 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Christ, Renee, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6501 Deerewood Ln  
 City Bismarck State ND Zip Code 58503-9152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHI St. Alexius Medical Center Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **391.62**

Date of Receipt **07 / 23 / 2018**  
**Transaction ID : F2E462EF6C454527BA0D**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Church, Keisha, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 Granada St  
 City Accokeek State MD Zip Code 20607-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Hospital Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 20 / 2018**  
**Transaction ID : 4D59BEEAF8D16F3A0C45**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Collins, William, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1541 E 473rd Rd  
 City Bolivar State MO Zip Code 65613-8569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Army Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **730.00**

Date of Receipt **07 / 28 / 2018**  
**Transaction ID : 5C4232BD659A4A568FDE**  
 Amount of Each Receipt this Period **365.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>515.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Consonery, Anthony, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 Lyndhurst Grove Ct  
 City Hendersonville State NC Zip Code 28791-2488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Health System Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 04 / 2018  
**Transaction ID : 400C9D049E22DA4AEF06**  
 Amount of Each Receipt this Period 91.25  
 Memo Item

**B. Cooley, Jackie, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 Peach Tree Dr  
 City Springfield State IL Zip Code 62711-6707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HSHS Medical Group Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 28 / 2018  
**Transaction ID : 4BCFBC1DED72A66FB3C9**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Cooper, Stephen, Scott, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4006 Running Brook Ct  
 City College Station State TX Zip Code 77845-6460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 24 / 2018  
**Transaction ID : 4678AFBB0F3ED310382F**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	152.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Coopmans, Vicki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17873 Suzanne Ridge Dr  
 City Wildwood State MO Zip Code 63038-1474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington University SOM Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 407.00

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 40579AF4E1FA457EF839**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Corriveau, Luc, George, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Mount Carter Dr  
 City Gorham State NH Zip Code 03581-1317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nurse Anesthesia of Maine Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 349.99

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 4A5CA0C233C2D19400E6**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Cosgrove, Marianne, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Signal Hill Rd  
 City Madison State CT Zip Code 06443-3343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale University Occupation (for Individual) CRNA, Program Director YNHHSNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 432.50

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4B299B945DDDB9083E69**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	354.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Cotton, Gram, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17408 109th Ave  
 City Chippewa Falls State WI Zip Code 54729-5370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Menomonie Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 02 / 2018**  
**Transaction ID : 4F9E81695DDDE3E8F27D**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Cravens, Thomas, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 450 Howell Ave  
 City Brush State CO Zip Code 80723-1728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gerald Champion Regional Medical Cente Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 01 / 2018**  
**Transaction ID : 4B80B4B49EF0F36E32B8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Currie, Shelley, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24962 Sea Crest Dr  
 City Dana Point State CA Zip Code 92629-1909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) So. Cal Perm Med grp Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt **07 / 07 / 2018**  
**Transaction ID : 43D6A5D893F841CC4EA1**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Davis, Ashley, Poe, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1992 Cooks Valley Rd  
 City Kingsport State TN Zip Code 37664-5117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Anesthesia Solutions Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
 07 / 13 / 2018  
**Transaction ID : 45BD810BE81C25A71B0C**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**B. Davis, Nathan, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1992 Cooks Valley Rd  
 City Kingsport State TN Zip Code 37664-5117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Advanced Anesthesia Solutions Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt  
 07 / 14 / 2018  
**Transaction ID : 45E2A13E21FE92F79F46**  
 Amount of Each Receipt this Period  
 41.66  
 Memo Item

**C. Deason, Julia, Logue, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 256 Main Rd N  
 City Hampden State ME Zip Code 04444-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Nurse Anesthesia of Maine CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt  
 07 / 24 / 2018  
**Transaction ID : 4720B275455DA7F2A611**  
 Amount of Each Receipt this Period  
 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Degman, Dustin, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 531 Hemlock St  
 City Florence State OR Zip Code 97439-9328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AllCare Clinical Associates Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 49A9B4DBC48A5D0DA7BF**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Deptulski, Nancy, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Brookside Lndg  
 City Putnam State CT Zip Code 06260-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 9A80FBFF-E25E-4F9A-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. DeVasher Bethea, Alescia, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 515 Majestic Oak Dr  
 City Apopka State FL Zip Code 32712-4083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Middle TN School of Anesthesia Occupation (for Individual) CRNA Educator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 11 / 2018  
**Transaction ID : D548EDC1-C299-40B5-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	815.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DeVito, Catherine, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1936 Michigan Ave NE  
 City St Petersburg State FL Zip Code 33703-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Envision Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 467FA4581178E857AAFE**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Diffie, Pamela, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Rollingwood Dr  
 City Beckley State WV Zip Code 25801-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beckley VA Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 420FB766974BA7301538**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Diggs, Thomas, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 507 Jackson Ct  
 City Jacksonville State NC Zip Code 28540-9782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Navy Occupation (for Individual) SRNA, USUHS Graduate School of Nur:  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 257.91

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 444D945E9106CBEC5D0B**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.66
<b>TOTAL</b> 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 33 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Diller, Thomas, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2509 Ivy St  
 City Chattanooga State TN Zip Code 37404-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Tennessee Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 212.87

Date of Receipt 07 / 07 / 2018  
**Transaction ID : 4CA880C0396B554963B9**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Dishman, Deniz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2761 Essex Ter  
 City Houston State TX Zip Code 77027-5211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas Health Science Cen Occupation (for Individual) Assistant Professor, School of Nursing  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 416.65

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 4EC681A4322BCA026A25**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Dodd, Dennis, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 146  
 City Collinsville State OK Zip Code 74021-0146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 210.00

Date of Receipt 07 / 16 / 2018  
**Transaction ID : 48878DCEB83F9D5045E2**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 143.74  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dooley, Kathryn, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 419 NW 14th St  
 City Oklahoma City State OK Zip Code 73103-3510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Oklahoma Dept of Anesth Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2018  
**Transaction ID : FFA5C8B1337D46C0AAE7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Doria, Mark Anthony, Lustre, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27827 Arbury Crest Ct  
 City Katy State TX Zip Code 77494-5982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 45619198131418F8808B**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Dow, Mary Ann, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7325 Oakhaven Ct NE  
 City Ada State MI Zip Code 49301-8747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy health St Marys Occupation (for Individual) Crna  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 24 / 2018  
**Transaction ID : 4100A655C45476D616CA**  
 Amount of Each Receipt this Period 91.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	371.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Dudley, Mary, G, ,**

Mailing Address 607 L Hauser Rd

City Onalaska	State WI	Zip Code 54650-2054
------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED DUDLEY ANESTHESIA SC	Occupation (for Individual) NURSE ANESTHETIST
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

**Transaction ID : 4B5F8517842660BD0D39**

Amount of Each Receipt this Period  
83.33

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Duerr-Trebilcock, Susan, E, ,**

Mailing Address 205 Hendrie Blvd

City Royal Oak	State MI	Zip Code 48067-2414
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Wayne State University Physician Group	Occupation (for Individual) CRNA
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
289.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2018

**Transaction ID : 47D8BCB929542FBFF381**

Amount of Each Receipt this Period  
41.42

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Durbin, Terrica, M, ,**

Mailing Address 445 W Blount Ave  
Apt 108

City Knoxville	State TN	Zip Code 37920-1108
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Tennessee	Occupation (for Individual) CRNA
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2018

**Transaction ID : 4BC9B14894EB201AA475**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.75
<b>TOTAL</b> 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 36 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DuVall, Darryl, James, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23012 E Morris Rd  
 City Newman Lake State WA Zip Code 99025-8449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence Medical Group Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 497196C68C490131BE4D**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Dwyer, Maura, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 Pine St  
 City Danvers State MA Zip Code 01923-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anesthesia Associates of Massachusetts Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 29 / 2018  
**Transaction ID : 406F86EEB7315A4AB852**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Eads, Victoria, Leigh, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 N Meadowmist Cir  
 City Spring State TX Zip Code 77381-6263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAP Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2018  
**Transaction ID : 44F0A08EA774E7131E86**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Eckart, Rebecca, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1491 Kennedy Ave  
 City Louisville State CO Zip Code 80027-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northern Colorado Anesthesia Professio Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 365.00

Date of Receipt 07 / 30 / 2018  
**Transaction ID : 325D105A-12C8-4EAF-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Eckhoff, Nisha, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6431 Fannin St UNIVERSITY OF TEXAS HEALTH SCIENCE  
 City Houston State TX Zip Code 77030-1501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UT MEDICAL Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 233.33

Date of Receipt 07 / 02 / 2018  
**Transaction ID : 40D5A5AE2A2B237814A7**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Edmisson, Ken, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3057 Harpeth Springs Dr  
 City Nashville State TN Zip Code 37221-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Purchase Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 245.00

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 432F8D87E215B94C2DEE**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	608.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Edmunds, Dena, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4528 W Red Tamarack Ct  
 City Appleton State WI Zip Code 54913-8486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anesthesia and Pain Management Service Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4A4E9345848FC3DD09D7**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Eells, Brian, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3238 Winterberry Dr  
 City West Bloomfield State MI Zip Code 48324-2462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Hospital of Michigan Occupation (for Individual) nurse anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 28 / 2018  
**Transaction ID : 499FA6F0B909B29B8339**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Engelbrecht, Christine, Ballard, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 La Bolsa Rd  
 City Walnut Creek State CA Zip Code 94598-4817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 07 / 18 / 2018  
**Transaction ID : 482BA2C6AC9F2D19FB16**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Engelstad, Scott, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15311 Riverside Dr  
 City Brainerd State MN Zip Code 56401-5361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Essentia Health Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 04 / 2018  
**Transaction ID : D32EA026-FF53-47FF-**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**B. Erickson, April, Lynne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12101 Audubon Dr  
 City Anchorage State AK Zip Code 99516-2483  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alaska Native Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 43D79E66923A1F826F38**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Erickson, Robert, Anthony, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10529 Longoria Garden St  
 City Las Vegas State NV Zip Code 89141-7315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anesthesiology Consultants Inc Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1516.62

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 467B9ADC09E99CE2F7DD**  
 Amount of Each Receipt this Period 216.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	656.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ernat, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2951 Prince Dr  
 City Clarksville State TN Zip Code 37043-9306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) phymed Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 316.62

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 436DAC5C5F87DFA06CC8**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Eshkevari, Ladan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1268 Beverly Rd  
 City Mc Lean State VA Zip Code 22101-2834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Georgetown University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 46368AE3FF03AB352993**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**C. Evans, Daniel, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4505 Greenbriar Dr  
 City Springfield State IL Zip Code 62711-6220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HSHS Medical Group Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 4E54BD9255338E679E8A**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Farina, Cynthia Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4081 Dixiana Ct  
 City Rochester State MI Zip Code 48306-4706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) William Beaumont Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.82

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 404688A13A42DC20259A**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Farmer, Daniel, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 421 Meadow Brook Ter  
 City Hartsville State SC Zip Code 29550-4600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Occupation (for Individual) Crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 43C0A40C9599DCD49720**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Feeley, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1118 State Highway 130  
 City Laramie State WY Zip Code 82070-9760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Employee of Comanche County Memorial H Occupation (for Individual) Certified Registered Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 05 / 2018  
**Transaction ID : 48DAB4964676C1989FD6**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Feyh, Leah, Stuart, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 Becky Anne Dr  
 City Winterville State NC Zip Code 28590-7928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) East Carolina University Occupation (for Individual) Clinical Assistant Professor, Nurse An  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 02 / 2018  
**Transaction ID : 498EA309C3403780CA68**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Fiaschetti, Donna, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9312 Harrodsburg Rd  
 City Wilmore State KY Zip Code 40390-9754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baptist Anesthesia Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 28 / 2018  
**Transaction ID : 474397F7F8D429BF7F85**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Fields, Bianca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20271 Murray Hill St  
 City Detroit State MI Zip Code 48235-2130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Henry ford Occupation (for Individual) Crna  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 4784A52B320A27E70043**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	197.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Fisher, Marquessa, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 Spring St  
 City Fort Wayne State IN Zip Code 46808-3939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Excel Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 47399C8F87D1B337AAF0**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Flynn, Karen, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 Beach Rd  
 City Bristol State RI Zip Code 02809-1504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rhode Island Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 687.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 46E89A838FA447866539**  
 Amount of Each Receipt this Period 31.00  
 Memo Item

**C. Foley, Erin, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Park St Apt 5  
 City Portland State ME Zip Code 04101-4568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maine Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 17 / 2018  
**Transaction ID : 6FC0CA8E630140B58F33**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	214.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ford, Robert, H, , II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13590 Lower Lakeshore Dr  
 City Clearlake State CA Zip Code 95422-9101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robert Ford CRNA INC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 06 / 2018  
**Transaction ID : 950C271F2D4B47F9BC28**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Fowler, Carla, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 460 River St W  
 City Holdingford State MN Zip Code 56340-4519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Central Anesthesia PC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 4CEB9A5035BDEF653F80**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Frankenfield, Heather, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 38th Ave N  
 City Nashville State TN Zip Code 37209-4999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 417A85B2B1B89322CEFD**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Franks, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1040 W Adams St  
 Unit 232  
 City Chicago State IL Zip Code 60607-3081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwestern Medicine Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 3275C15A81324ADC819F**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Freeman, Ryan, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3266 Cypress Ln  
 City Tahlequah State OK Zip Code 74464-0653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) usphs Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : DFA5A376-055A-4F6B-**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. Fuqua, Joshua, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Chartrese Dr  
 City Brandon State MS Zip Code 39047-8780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMMC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 28 / 2018  
**Transaction ID : 48F1ACDAD0DD509E6A74**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	533.33
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Geisz-Everson, Marjorie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11001 Patterson Rd  
 City New Orleans State LA Zip Code 70131-3251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Southern Mississippi Occupation (for Individual) CRNA Educator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1583.32

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 4F67B068B11E75A69CCD**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. George, Corey, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 W Broad St Apt 555  
 City Falls Church State VA Zip Code 22046-3373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sheridan Anesthesia of VA Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 04 / 2018  
**Transaction ID : 4566B8E46DD0FCCB5D99**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Gerber, Elizabeth, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Drew Ave S  
 City Minneapolis State MN Zip Code 55416-3620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Saint Mary's University of Minnesota Occupation (for Individual) CRNA/Associate Program Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 4F2F855F9396B4FD5804**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 197.07  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Gibson, Dianna, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1306 Wheeling Ave  
 City Mountain Lake Park State MD Zip Code 21550-3424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Colonies Anesthesia Assoc. Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 4286D72DF055446A9EA6**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Gilkey, Ryan, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5949 Doral Ct  
 City Westerville State OH Zip Code 43082-8207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DASC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : 4F29AC3CA940F0EFE751**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Gillis, Wilma, Krohn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Fuller Dr  
 City Madison State WI Zip Code 53704-5924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UW Hospital and Clinics Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 833.31

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 434B9733D0765A1855E2**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	163.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Gonzalez, Michelle, L R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3459 Tyler Ct  
 City Ellicott City State MD Zip Code 21042-3603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.38

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 424A8145BAA973E7FF6A**  
 Amount of Each Receipt this Period 84.34  
 Memo Item

**B. Goode, Michael, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1306 W 9th St  
 City Scott City State KS Zip Code 67871-1360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Scott County Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 30 / 2018  
**Transaction ID : 41348A7D34DE085EAD37**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Goodwin, Howard, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15309 Creek Point Ln  
 City Carrollton State VA Zip Code 23314-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAI Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 633.31

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 4D3DB8B4219D6DFCF820**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	198.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Graves, Rachel, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1608 Otter Creek Rd  
 City Nashville State TN Zip Code 37215-5219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Phymed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4BEFAD443BDE57442AD6**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Greco, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 W 50th St Apt 18H  
 City New York State NY Zip Code 10019-6674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Columbia University School of Nursing Occupation (for Individual) Program Director- Nurse Anesthesia Pr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.65

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 464F8A05F4DA18CD19B7**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Grgurich, Tara, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1104 N Baltimore St  
 City Kirksville State MO Zip Code 63501-2528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MU Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 30 / 2018  
**Transaction ID : 421B88F71C99836693C0**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Grissom, Regan, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3326 Trillium Whorl Ct  
 City Raleigh State NC Zip Code 27607-5465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 4D038C960581285CC2FE**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Gurske, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 709 Blue Ridge Pkwy  
 City Madison State WI Zip Code 53705-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stoughton Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 06 / 2018  
**Transaction ID : 423E973FF855A90CF8C3**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Haas, Paul, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3536 Cambridge Ave Apt 7E  
 City Bronx State NY Zip Code 10463-1792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Health Solutions Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 456F91ABC55EBF1C6D03**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	197.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Haffey, Mark, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6520 S Jeffrey Ave  
 City Sioux Falls State SD Zip Code 57108-3227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1095.00

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 45D698A409B98DC84EDE**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Halks, Patrick, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6401 Nikki Ln  
 City Tampa State FL Zip Code 33625-1641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Maryland Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 41C78FC88856DCA8C1C5**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Hall, Brian, Matthew, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 N Merkle Rd  
 City Bexley State OH Zip Code 43209-1553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nationwide Childrens Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2018  
**Transaction ID : 445481CBFD208FE75A96**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hamilton, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Waterford Dr  
 City Southlake State TX Zip Code 76092-7007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) William Bee Ririe Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 1C0274B9F6D843F1A920**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Hamner, Casi, Lyn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 Far Hills Ave  
 City Oakwood State OH Zip Code 45419-2540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TCU Occupation (for Individual) SRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt 07 / 02 / 2018  
**Transaction ID : 4210BE6591880065BB18**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**C. Harmon-O'Connor, debran, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 Selva Lakes Cir  
 City Atlantic Beach State FL Zip Code 32233-4378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of North Florida Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 08C8B4EE3C104532A68F**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	562.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hauck, Kelly, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 184  
 City Tabor State SD Zip Code 57063-0184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAP Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 07 / 24 / 2018  
**Transaction ID : 29C265AE-F297-4413-**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Heeke, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 Church St # 1  
 City Asheville State NC Zip Code 28801-3623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mission Community Anesthesiology Speci Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 583.31

Date of Receipt 07 / 29 / 2018  
**Transaction ID : 438FB0E637A6E283514C**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Hembrough, Nanette, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1803 Clem St PO Box 301  
 City Ubyly State MI Zip Code 48475-8865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) heron anethsia services pc Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 4DA3AA414143604447B1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	483.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hemingway, Brad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5709 S Copper Ridge Blvd  
 City Spokane State WA Zip Code 99224-9289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence Medical Group Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 02 / 2018  
**Transaction ID : 4C9D9DD92410B9FDA477**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Henderson, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 247 Mayfield Rd  
 City Winston Salem State NC Zip Code 27104-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wake Forest Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 08 / 2018  
**Transaction ID : 402DBB711F1F35D62FE0**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Hendrix, Patti, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Providence Kodiak Island Medical Cente Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 40D984DAB52732AADAC3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.82  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Heriot, Jody, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 22099  
 City Ft Lauderdale State FL Zip Code 33335-2099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEDNAX Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **07 / 14 / 2018**  
**Transaction ID : 5C8EBB08121D474B9C55**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Herr, Bruce, Allen, , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 Cathedral Ave NW Apt 717  
 City Washington State DC Zip Code 20016-4934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MedStar Washington Hospital Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt **07 / 03 / 2018**  
**Transaction ID : 441599DFF222C26B3FFB**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**C. Hester, April, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1710 Pig Rd  
 City Smiths Grove State KY Zip Code 42171-8804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hardin Memorial Health Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 22 / 2018**  
**Transaction ID : 4E2185F550AD7DCD1CE2**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	598.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hewer, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Sourwood Ln  
 City Fletcher State NC Zip Code 28732-9723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Western Carolina University Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 4A7D8F345AF3A27CF769**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Higginson, Tyler, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5295 Ivy Ln  
 City Oshkosh State WI Zip Code 54904-9528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VETERANS ADMINISTRATION Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4D91AA02E24BFAFC7619**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Hill, Jena, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6512 Shepherd Oaks Rd  
 City Lakeland State FL Zip Code 33811-3164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Watson Clinic LLP Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 07 / 10 / 2018  
**Transaction ID : 4822A73F9F2B55D9C7A3**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	159.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hitchens, John, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1715 Farmshire Ct  
 City Jarrettsville State MD Zip Code 21084-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Watchful Care Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4D929402C7862AFDBCDC**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Hoban, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Falaise Dr  
 City Saint Louis State MO Zip Code 63141-7403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) western anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : BCFB429B8B614FAA96BB**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Hoeman, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135 Lake St  
 City Middleton State MA Zip Code 01949-2024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salem Peabody Oral Surgery Occupation (for Individual) Anesthesia coordinator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 4705A3D443CFA818F7EA**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	491.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hoffman, Jeffrey, Lewis, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 Far Hills Ave  
 City Oakwood State OH Zip Code 45419-2540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TCU Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 4145AB2A32EB5ABA0B6A**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Holmes, Jay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 W 42nd St  
 City New York State NY Zip Code 10036-2007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAPA Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.46

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 4810A27E8AFEA6E65B2E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Holst, Ruth A Bilharz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41835 N Pedersen Dr S  
 City Antioch State IL Zip Code 60002-9524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NorthShore University Health System Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 31 / 2018  
**Transaction ID : DF843ED8311245C69E12**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	383.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hooff, Carol, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1026  
 City La Center State WA Zip Code 98629-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peacehealth Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 25 / 2018**  
**Transaction ID : 415587E6FD3D2FB92BB3**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**B. Hulin, Christopher, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Hospital Dr  
 City Madison State TN Zip Code 37115-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Middle TN School of Anesthesia Occupation (for Individual) Education  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.32**

Date of Receipt **07 / 09 / 2018**  
**Transaction ID : 4725AF05D80BE6C36094**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Hungerford, Glenda, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Harding Pl  
 City Syracuse State NY Zip Code 13205-3103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) cny anesthesia group Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 14 / 2018**  
**Transaction ID : 4D008DE91AF6C73375AF**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>144.15</b>
<b>TOTAL</b> 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 61 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Husa, Ann, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9027 Canby Ct  
 City Northfield State MN Zip Code 55057-4964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Locum Tenens Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.33

Date of Receipt 07 / 01 / 2018  
**Transaction ID : 4B4B8A4719448CD53469**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Jewett, Matthew, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Kings Rd  
 City Fairmont State MN Zip Code 56031-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Health System Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4247B6DD3326C81AC3F5**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Johnson, Michael, Ryan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 Clay St  
 City Glendive State MT Zip Code 59330-2012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Glendive Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 08 / 2018  
**Transaction ID : 4803AECFE8D36AF7BE0A**  
 Amount of Each Receipt this Period 91.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	329.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Jones, Timothy, Allen, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1702 Southpark Dr  
 City Dalhart State TX Zip Code 79022-5036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coon Memorial Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.31

Date of Receipt 07 / 02 / 2018  
**Transaction ID : 491F96B9A99124EA252C**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Joyner, Meredith, Farina, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Buck Branch Dr  
 City Richmond State VA Zip Code 23238-6101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Virginia Urology Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2018  
**Transaction ID : 462A2B7418824680B256**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Kallas, David, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47316 Rogness Pl  
 City Renner State SD Zip Code 57055-6526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 21 / 2018  
**Transaction ID : 4543B6E29F45CBB1EB3D**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kantor, Phyllis, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 Abbotsford Ln  
 City Bakersfield State CA Zip Code 93312-7047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Health Group Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 494FB9F018E8BD5AFBA8**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

**B. Karp, Karyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1078 Fryer Creek Dr  
 City Sonoma State CA Zip Code 95476-7574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1470.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 42E4B93D6B93AEB2D937**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**C. Kelley, Misty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6875 Highway 57 W  
 City Ramer State TN Zip Code 38367-6411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Tennessee Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 07 / 2018  
**Transaction ID : 4E04AC16CC8FF24905AA**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	448.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kelly-Salo, Marguerite, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14616 W 50th St  
 City Shawnee State KS Zip Code 66216-5107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kelly Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 4EAAAF857506AFB77E65**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Kemp, Lucas, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1102 S University Ave Apt 9  
 City Beaver Dam State WI Zip Code 53916-3092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 05 / 2018  
**Transaction ID : 421D922654623005A9B0**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Kerwin, Gail, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 Naugatuck Ave  
 City Milford State CT Zip Code 06460-6036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Saint Vincent's Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 11 / 2018  
**Transaction ID : 473F977A059104AC8EEC**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.82
<b>TOTAL</b> 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 65 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Keyfauver, Cynthia, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1022 Blue Spruce Dr  
 City Loveland State CO Zip Code 80538-2860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **07 / 06 / 2018**  
**Transaction ID : 869B50D4-E3FF-4B68-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Kidd, Kathleen, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Daytona Ct  
 City O Fallon State MO Zip Code 63368-6657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) metro west anestia group Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt **07 / 04 / 2018**  
**Transaction ID : 409FA3115E08415B6C26**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. King, Daniel, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 W 5th St Unit 2  
 City Boston State MA Zip Code 02127-2616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt **07 / 29 / 2018**  
**Transaction ID : 52333D13B6FB4E04B5F8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	645.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Kipple, John, Christopher, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6728 Snowy River Rd  
 City Cheyenne State WY Zip Code 82001-9121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dept of VA Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 46BEA49E745921EE71D3**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Klein, Jason, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1407 Ridgeway Rd  
 City Marshall State MN Zip Code 56258-2153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACMC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 07 / 2018  
**Transaction ID : 458095CFDFF2EE5D2634**  
 Amount of Each Receipt this Period 91.25  
 Memo Item

**C. Knudtson, Craig, Alan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2503 E Desmet Ave  
 City Spokane State WA Zip Code 99202-3700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Providence Health Services Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 422FB4CE11C3DC9BFA65**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 171.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Krammes, Mark, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2510 8th Street Dr  
 City Watsonstown State PA Zip Code 17777-8474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Evangelical Community Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 07 / 16 / 2018  
**Transaction ID : 41C49CD2C0370C346BD5**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Krmic, Yana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Driftwood  
 City Somers State NY Zip Code 10589-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Montefiore Medical Health System Occupation (for Individual) Chief CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1808.31

Date of Receipt 07 / 05 / 2018  
**Transaction ID : 4A79ABC6208BCB8F7040**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Krmic, Yana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Driftwood  
 City Somers State NY Zip Code 10589-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Montefiore Medical Health System Occupation (for Individual) Chief CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1808.31

Date of Receipt 07 / 28 / 2018  
**Transaction ID : 4F80BCB3FC679F63F40B**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	341.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Kubisch, Jessica, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 83402 Erhart Rd  
 City Florence State OR Zip Code 97439-8374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peacehealth Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 5FB8339E60F14EE5ACCD**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Kuhn, Alyson, Funari, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7114 Celtic Crossing Dr  
 City Dublin State OH Zip Code 43016-7649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OSUWMC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 31 / 2018  
**Transaction ID : 478DA1BB87561146EC36**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Lacek, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11825 S Ford Rd  
 City Palos Park State IL Zip Code 60464-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anesthesia Associates Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 11 / 2018  
**Transaction ID : 4FC0BA6F424E85C4C59A**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lamb, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1210 E Park Ave  
 City Libertyville State IL Zip Code 60048-2955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optimum Anesthesia Solutions Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.38

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 4E489E09F68EC86D301F**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Larson, J Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23604 Wilderness Canyon Rd  
 City Rapid City State SD Zip Code 57702-6528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rapid City Regional Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.32

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 437A80DE27D2F8E3C0C6**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Leach, Steven, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1049 Redfish St  
 City Bayou Vista State TX Zip Code 77563-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas Medical Br Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 08 / 2018  
**Transaction ID : 42D29429F639D84A7A74**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	198.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ledford, Brent, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 306 Broad Armstrong Dr  
 City Brownsboro State AL Zip Code 35741-9100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Huntsville Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2018  
**Transaction ID : 4F609D9A373F73215CD2**  
 Amount of Each Receipt this Period  
 30.41  
 Memo Item

**B. Lee, Tuyen, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2819 Granada Ave  
 City El Monte State CA Zip Code 91733-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : 4E6C9FAD4F135B15F719**  
 Amount of Each Receipt this Period  
 30.41  
 Memo Item

**C. Linton, Julia, Elizabeth, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2250 Welltown School Rd  
 City Martinsburg State WV Zip Code 25403-5811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Colonies Anesthesia Assoc. Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 482.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2018  
**Transaction ID : 4392968FAE7B306926AA**  
 Amount of Each Receipt this Period  
 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Long, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24363 State Road 213 N  
 City Noblesville State IN Zip Code 46060-9229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memorial Sloan Kettering Cancer Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 18 / 2018  
**Transaction ID : 4865BB93171241FD32E4**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Luellen, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11206 Whisper Willow St  
 City San Antonio State TX Zip Code 78230-3512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Community Health Network Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 24 / 2018  
**Transaction ID : 48F0A45CFC10A2159195**  
 Amount of Each Receipt this Period 91.25  
 Memo Item

**C. MacDonald, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 134 Mill St  
 City Belmont State MA Zip Code 02478-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Anesthesia Associates Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.82

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 4452A20448E7F443BAEC**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	204.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MacKinnon, Michael, Alexander, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1190 E Pine Oaks Dr  
 City Show Low State AZ Zip Code 85901-7356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MacKinnon Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 737.87

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 4F0C957AC233E0BEF770**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Macmang, Josephine, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Village Circle Way Apt 323  
 City Durham State NC Zip Code 27713-6130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 4FED8735C7CE746AB021**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Malina, Debra, Pecka, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41710 Monterey Pl  
 City Temecula State CA Zip Code 92591-7935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Malina Anesthesia & Consulting Service Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 29 / 2018  
**Transaction ID : 4834AA4600CB28EDB9BE**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	213.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Maltais, Kevin, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 Hunter Ct  
 City Creedmoor State NC Zip Code 27522-7280  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt **07 / 06 / 2018**  
**Transaction ID : 4F7E9954F686F437283D**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Maresh, Teresa, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 957 Cutler Rd # 219  
 City Machiasport State ME Zip Code 04655-3013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Teresa Maresh Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt **07 / 08 / 2018**  
**Transaction ID : 049D381DE4C04E9FA1C2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Martens, Jennifer, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55699 Cranberry Dr  
 City Macomb State MI Zip Code 48042-1837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. John's Hospital - Detroit Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 09 / 2018**  
**Transaction ID : 4EA6B38183229196EEF4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	383.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Matheson, Emily, Rebecca, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3831 25th Ave W  
 City Seattle State WA Zip Code 98199-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Washington Medical Cente Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 275.00

Date of Receipt **07 / 12 / 2018**  
**Transaction ID : AF126E449330424680DF**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Maw, Lisa, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1732 Lydia Ave W  
 City Roseville State MN Zip Code 55113-1409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1258.31

Date of Receipt **07 / 14 / 2018**  
**Transaction ID : 4A888FDED9CE5C5CBAB8**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Maxwell, Kathy, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 265 Sargent Dr  
 City Ellsworth State ME Zip Code 04605-3072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nurse Anesthesia of Maine Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1458.38

Date of Receipt **07 / 12 / 2018**  
**Transaction ID : 4E7AB246AE8C4A0CCF62**  
 Amount of Each Receipt this Period 208.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	316.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mayes, Evan, Z, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5745 Llano Ave  
 City Dallas State TX Zip Code 75206-6315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Parkland Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2018  
**Transaction ID : 43DCA48038B5B7CE712F**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. McDonald, Charlene, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1258 N Forestview Ct  
 City Wichita State KS Zip Code 67235-7036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ACS Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.32

Date of Receipt 07 / 02 / 2018  
**Transaction ID : 45F988EA112A8AF574AD**  
 Amount of Each Receipt this Period 4.16  
 Memo Item

**C. McDonald, Kenneth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 N Broadway  
 City Ballston Spa State NY Zip Code 12020-5202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Epix Healthcare Assoc. Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 01 / 2018  
**Transaction ID : 4A5A9ACB86E5D0A4D6D0**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Meadows, Elena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 Shandy Ave  
 City Wilmington State NC Zip Code 28409-2039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North Carolina Babtist Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 4D9249D5-C0C5-4A58-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Meister, Kirsten, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 480 Main St Apt 3K  
 City New York State NY Zip Code 10044-0406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memorial Sloan Kettering Cancer Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 4FB58E2DAFEE2EC260C5**  
 Amount of Each Receipt this Period 91.25  
 Memo Item

**C. Mermigas, James, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2525 Riva Ridge Ct  
 City Wexford State PA Zip Code 15090-7958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Envision Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 4F8C931ED308C3F71AA4**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	664.58
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Michaux-Smith, Stephen, Thomas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 326 3rd St  
 City Ayden State NC Zip Code 28513-2218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vidant Health Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 25 / 2018  
**Transaction ID : 465F9A6AFD8E7DE5797A**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Michel, Kevin, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Wingate Dr  
 City New Bern State NC Zip Code 28562-8414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Military Occupation (for Individual) Crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 16 / 2018  
**Transaction ID : 411280662AFCA3EB8CCC**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Michinock, Jessica, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6804 N Capital of Texas Hwy Apt 611  
 City Austin State TX Zip Code 78731-1768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAP Central Texas Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 06 / 2018  
**Transaction ID : 4DE6B34E948544A3F175**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	249.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Miller, Daniel, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 Pinehollow Ct  
 City Saint Johns State FL Zip Code 32259-6304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UF Health Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 4148A74C8684ADAF9A2**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Milosh, Angela, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6120 N Pointe Dr  
 City Pepper Pike State OH Zip Code 44124-5388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Cleveland Clinic Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 4F919A611CAC0E17F26C**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Mooney, Susan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 S Star Gazer  
 City Santa Fe State NM Zip Code 87506-1211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Gastroenterology associates Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 07 / 30 / 2018  
**Transaction ID : 4C02B72FC46B1E23E23E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Moore, Randall, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 Cardiff Cir  
 City Colorado Springs State CO Zip Code 80906-7634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) epix anesthesia Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : FD2CB27E-ADFD-4199-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Morris, Robin, Dell, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Rosewood Cir  
 City Little Rock State AR Zip Code 72205-4170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UAMS Department of Anesthesiology Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : A6B9014D568D474F86DA**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Mueller, Joseph, Thomas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8000 Highway 290 W Apt 9202  
 City Austin State TX Zip Code 78736-0012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JTM Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 4E0E9C1CAC88A2B69B81**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	765.00
<b>TOTAL</b> 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 80 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Muller, Carrie, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 329 Riviara Pl  
 City Chesapeake State VA Zip Code 23322-6992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) northstar anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2018  
**Transaction ID : 97D32596082E4C198B78**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Murphy, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Teakwood Dr W  
 City Coventry State RI Zip Code 02816-8586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale New Haven Hospital School of Nurs Occupation (for Individual) Full time student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2018  
**Transaction ID : 4448A088089F2946BB06**  
 Amount of Each Receipt this Period  
 30.41  
 Memo Item

**C. Neft, Michael, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 Crescent Pl Apt 3K  
 City Pittsburgh State PA Zip Code 15217-3503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Occupation (for Individual) Assistant Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2018  
**Transaction ID : 48BE81F92C326998149D**  
 Amount of Each Receipt this Period  
 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	363.75
<b>TOTAL</b> 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 81 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Neimkin, Amy, Pfeil, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 368 Woodward Ct  
 City Birmingham State AL Zip Code 35242-6040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UAB Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.31

Date of Receipt 07 / 07 / 2018  
**Transaction ID : 4569AFD2F5F0D9F4ACB9**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Nevills, Kyle, Dale, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14270 Liberty Cir  
 City Wamego State KS Zip Code 66547-9261  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Catherine Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : FAE0BED281A347EB8A92**  
 Amount of Each Receipt this Period 31.00  
 Memo Item

**C. New, Luci, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 677 Buckleigh Ct NW  
 City Concord State NC Zip Code 28027-6453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CHS Northeast Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 479282773B386462F1AC**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	189.33
<b>TOTAL</b> 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 82 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Niemann, Sharon, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Newman University Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 05 / 2018  
**Transaction ID : 40148F1E3181CA4B9CCA**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Nimmo, Cheryl, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Aberdeen Rd  
 City Riverside State RI Zip Code 02915-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) university of new england Occupation (for Individual) assistant program director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.38

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 432BBC079B2E06BF9E62**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

**C. Nimmo, Cheryl, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Aberdeen Rd  
 City Riverside State RI Zip Code 02915-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) university of new england Occupation (for Individual) assistant program director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 833.38

Date of Receipt 07 / 18 / 2018  
**Transaction ID : 4AE9A26F38952640208D**  
 Amount of Each Receipt this Period 83.34  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.68
<b>TOTAL</b> 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 83 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Norden, Bradley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Bay Meadows Dr  
 City Holland State MI Zip Code 49424-6498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) valley anesthethia cc Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 417FBD2EAE42066E1A6E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Norris, John, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4225 Canterbury Ct  
 City Jackson State MS Zip Code 39211-6205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VA Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018  
**Transaction ID : 941B10146DE44B4CB01B**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. O'Brien, Mary, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1445 Deer Woods Dr NE  
 City Swisher State IA Zip Code 52338-9436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Dept. of Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.87

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 4C7AAE7B4BDB544EBCC**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.41
<b>TOTAL</b> 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 84 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Oberhansley, Jeffrey, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4089 Stone Point Dr NE  
 City Rochester State MN Zip Code 55906-5446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4880B03FE1B77EE92289**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Olayer, John, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 921 Searle Ct  
 City Mount Pleasant State SC Zip Code 29464-3517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VHA Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 4104BBFDD7756E48EF89**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Osborne, Lisa, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11327 Kress Rd  
 City Roanoke State IN Zip Code 46783-8777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of St. Francis Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 30 / 2018  
**Transaction ID : 402CBF301C5A0296AF85**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.82
<b>TOTAL</b> 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 85 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Packard, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1031 16th Avenue PI NW  
 City Hickory State NC Zip Code 28601-2344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Catawba valley med ctr Occupation (for Individual) Crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 4D29A69CB227A602EEF3**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Parker, Bethany, Corinne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 Sea Oaks Blvd  
 City Long Beach State MS Zip Code 39560-5841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grand Strand Regional Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 4004AFA0B58120F0CEA7**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Patel, Bhavika, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6702 Coleman Ct  
 City Sugar Land State TX Zip Code 77479-4731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Methodist Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 29 / 2018  
**Transaction ID : 43E3BC8523CD9BDE9DAB**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	217.33
<b>TOTAL</b> 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 86 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Patton, Christopher, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5473 N Xenia St  
 City Denver State CO Zip Code 80238-3870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh Medical Centre Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 08 / 2018  
**Transaction ID : 4F2EB4909E7933EA4870**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Pedersen, Gerald, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13084 W Waterside Dr  
 City Baton Rouge State LA Zip Code 70818-5850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lane Regional Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 10 / 2018  
**Transaction ID : 4DADBA1313032D6399E0**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Pentz, Kristina, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9355 Homestead Dr  
 City Frederick State CO Zip Code 80504-5685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northern Colorado Anesthesia Professio Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 4ABF9DA08BA7A6BCF7CE**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.41
<b>TOTAL</b> 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 87 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Pfromm, Megan, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1027 Rochelle Park Dr  
 City Rochester Hills State MI Zip Code 48309-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMSPC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 0AE1EFD8F8A3476BAB47**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Pham, Holly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5117 Shale Rock Run  
 City Temple State TX Zip Code 76502-7976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2018  
**Transaction ID : 452EA3353E535A3CABEC**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Pinczes, Katrina, Lucille, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Robin Rd  
 City Dodge City State KS Zip Code 67801-2924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 17 / 2018  
**Transaction ID : 4D5684245265BDAAC82E**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	158.33
<b>TOTAL</b> 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 88 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Pitcher, Brian, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1846 NE 59th St  
 City Fort Lauderdale State FL Zip Code 33308-2441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 06 / 2018  
**Transaction ID : 45DB838FFB6B3255745E**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Plautz, Danette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9020 Pettit Dr  
 City Highland State IN Zip Code 46322-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Great Lakes Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 44EAB3F34EC416A59FB4**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Poepsel, Maria, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 Dublin Ave  
 City Columbia State MO Zip Code 65203-5368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MSMP Anesthesia Services LLC Occupation (for Individual) Owner-CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 487.94

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 4E1FB50196432AC1B798**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	197.08
<b>TOTAL</b> 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 89 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Poland, Christopher, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Antler Loop  
 City New Castle State CO Zip Code 81647-8522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Grand River Health Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2018  
**Transaction ID : 03A40495F51F4A299C12**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Poole, Jessica, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 Grandview Dr  
 City Greensburg State PA Zip Code 15601-8506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clearfield Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2018  
**Transaction ID : 484487C0A11BB5F8E3E5**  
 Amount of Each Receipt this Period  
 30.41  
 Memo Item

**C. Powell, Steven, MacGray, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 N Pathfinders Cir  
 City The Woodlands State TX Zip Code 77381-4023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Texas HSC Houston Occupation (for Individual) Student Nurse Anesthetist (SRNA)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2018  
**Transaction ID : 42929D223E4F5281D8FF**  
 Amount of Each Receipt this Period  
 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.82
<b>TOTAL</b> 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 90 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Powers, Tara, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1843 Witmer Ct  
 City Annapolis State MD Zip Code 21401-6550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Napa Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.16

Date of Receipt 07 / 16 / 2018  
**Transaction ID : 4E4392BEE96932798563**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Price, David, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 645 Mosswood Ln  
 City Spartanburg State SC Zip Code 29301-5350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Price Anesthesia Services, LLC Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2018  
**Transaction ID : B4FD25570C394037A163**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Pruis, Joseph, Ryne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 613 Crane Creek Ln  
 City Eagan State MN Zip Code 55121-2377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Carver College of M Occupation (for Individual) Certified Registered Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 08 / 2018  
**Transaction ID : 44149DBC61F5339FC802**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.41
<b>TOTAL</b> 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 92 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ranalli, Lee, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2914 E Latham Way  
 City Gilbert State AZ Zip Code 85297-0013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midwestern University Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 07 / 2018  
**Transaction ID : 40AE9DC8356D157BD39B**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Ray, Jessica, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 639 Fraser Ln  
 City Staunton State VA Zip Code 24401-2337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Virginia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 47CCAC1627C45933C992**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Reckard, Derek, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3205 Siler Dr  
 City Finleyville State PA Zip Code 15332-1527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburg Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 11 / 2018  
**Transaction ID : 41B7A9F57D0CECB3FC09**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	144.82
<b>TOTAL</b> 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 93 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Reed, Troy, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2816 Meadow Breeze  
 City New Braunfels State TX Zip Code 78132-4735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Anesthesia Associates of Seguin Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1249.98**

Date of Receipt **07 / 23 / 2018**  
**Transaction ID : 4B498F1108EF526AED67**  
 Amount of Each Receipt this Period **208.33**  
 Memo Item

**B. Reede, Lynn, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 787 Graceland Ave Unit 508  
 City Des Plaines State IL Zip Code 60016-8631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Aultman Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **590.38**

Date of Receipt **07 / 13 / 2018**  
**Transaction ID : 4EAEB3DFDF5B787D9A1E**  
 Amount of Each Receipt this Period **84.34**  
 Memo Item

**C. Rehfeldt, Taylor, Rae, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 S Cloudas Ave  
 City Sioux Falls State SD Zip Code 57103-2825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 22 / 2018**  
**Transaction ID : 416DA448B697A9E32634**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>342.67</b>
<b>TOTAL</b> 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 94 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Reid, Jo, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3081 Linksland Rd  
 City Mount Pleasant State SC Zip Code 29466-6907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 4D7C898BC5591EE88A1D**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Reidy, Catherine, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3608 Abes Landing Dr  
 City Granbury State TX Zip Code 76049-1571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 01 / 2018  
**Transaction ID : 4771BB96BDC8FA5B0D2C**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Remy, Anne, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address E58 Calle E HC 1 BOX 29030 PMB 277  
 City Caguas State PR Zip Code 00727-2521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Doctors Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 8164A4D01A5446E991C1**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.41
<b>TOTAL</b> 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 95 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richards, Joshua, James, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 S George St  
 FI 1  
 City York State PA Zip Code 17401-3187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PhyMed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 29 / 2018  
**Transaction ID : 47289C84106F7228165F**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Richter, Kristen, Leann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4913 McKenna Ct  
 City Columbia State MO Zip Code 65203-6209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Missouri Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 4F0CBED3F13F4C57B1BC**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Riedel, Lisa, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6739 Reserve Rd  
 City West Bloomfield State MI Zip Code 48322-1391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Michigan State University Occupation (for Individual) Assistant Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 281.25

Date of Receipt 07 / 01 / 2018  
**Transaction ID : 4FD5B0467618F31113F6**  
 Amount of Each Receipt this Period 1.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.66
<b>TOTAL</b> 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 96 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Rigelman, Gregory, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 15148  
 City Tumwater State WA Zip Code 98511-5148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2018  
**Transaction ID : F80C9AAF08934E10ADD0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Rinaldi, Daniel, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 433  
 City Arlington Heights State IL Zip Code 60006-0433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) lake anesthesia associates Occupation (for Individual) staff anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 6734F0709C0E46F8B39A**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Roberts, Andrea, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 908 Sterling Ave  
 City Worthington State MN Zip Code 56187-1684  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sanford Health Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 562.46

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4C249AE5F00D5D3B8194**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	305.41
<b>TOTAL</b> 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 97 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Robles, Phillip, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3081 Solitude Ln  
 City Aurora State IL Zip Code 60502-8643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northwestern Medical Faculty Foundation Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 19 / 2018  
**Transaction ID : 465085EC3EEA169C117F**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Rodgers, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8176 Sashabaw Ridge Dr  
 City Clarkston State MI Zip Code 48348-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beaumont Professional Services Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 4734A11D208D1AC37E0A**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Roesler, Donald, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3404 W 90th St  
 City Sioux Falls State SD Zip Code 57108-6303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avera McKennan Hospital Occupation (for Individual) Staff Anesthetist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1445.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : F89846914EBF4434A677**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.66
<b>TOTAL</b> 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 98 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Roesler, Donald, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3404 W 90th St  
 City Sioux Falls State SD Zip Code 57108-6303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Avera McKennan Hospital Staff Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1445.00

Date of Receipt 07 / 19 / 2018  
**Transaction ID : C3F671B71C0C31BDAD1**  
 Amount of Each Receipt this Period 550.00  
 Memo Item

**B. Romero, Joseph, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 621 W 4th St  
 City Anaconda State MT Zip Code 59711-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Anesthesia Associates of Boise CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 07 / 21 / 2018  
**Transaction ID : 40B9892D638A58C21AA6**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Rozycki, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6207 Nasco Dr  
 City Austin State TX Zip Code 78757-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Austin Anesthesiology Group CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 45B0AA5A212DBA66F17D**  
 Amount of Each Receipt this Period 91.25  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	724.58
<b>TOTAL</b> 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 99 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Rutz, Theresa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4923 Trail West Dr  
 City Austin State TX Zip Code 78735-6443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAP anesthesia partners Occupation (for Individual) nurse anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.50

Date of Receipt 07 / 22 / 2018  
**Transaction ID : 6763C7DF1D164CDBA48A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Ryan, Shelli, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 820 County Road 262  
 City Georgetown State TX Zip Code 78633-1997  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAG Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 19 / 2018  
**Transaction ID : 44C88ADEAB427D000861**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Rybinski, Spencer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1213 Grandview Rd  
 City Bloomsburg State PA Zip Code 17815-8954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Geisinger Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 07 / 2018  
**Transaction ID : 41F1B304DAEA1B89AB72**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.82
<b>TOTAL</b> 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 100 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ryschon, Carolyn, Misola, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2678 Ranger Hwy  
 City Weatherford State TX Zip Code 76088-9182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAP Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **499.98**

Date of Receipt **07 / 19 / 2018**  
**Transaction ID : 4F46B52EF0C87699386B**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Sadler, Angela, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 696 19th St  
 City Des Moines State IA Zip Code 50314-1008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metro Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 06 / 2018**  
**Transaction ID : 4F678BB3BE659481899D**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. Saenz, Melizza, Ines, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 S Fryers Creek Cir Apt 1404  
 City Temple State TX Zip Code 76504-7586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Scott and White Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 15 / 2018**  
**Transaction ID : 49719F84DCB9D0AC9425**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>213.74</b>
<b>TOTAL</b> 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 101 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Sanchez, Donna, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 600 Amity Rd  
 City Woodbridge State CT Zip Code 06525-1207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale New Haven Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.31

Date of Receipt **07 / 26 / 2018**  
**Transaction ID : 4CA5A4E2E910D83AFCF6**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Sand, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 462 Tyson Dr  
 City Pawleys Island State SC Zip Code 29585-6918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Palmetto Health Tuomey Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **07 / 03 / 2018**  
**Transaction ID : 4DC9EC2BC9164DF89C82**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Sanders, Kay, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9994 Boat Club Rd  
 City Ft Worth State TX Zip Code 76179-4004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TCU Occupation (for Individual) PROGRAM DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2149.98

Date of Receipt **07 / 18 / 2018**  
**Transaction ID : 41E9B855E49829C985B3**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	316.66
<b>TOTAL</b> 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 102 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Schettler, Jonathan, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 Park Ln  
 City Pella State IA Zip Code 50219-1032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Student Registered Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 10 / 2018**  
**Transaction ID : 439BB4593D3A2DE694C5**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**B. Schlunsen, Teri, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27293 Hemlock Ave  
 City Tea State SD Zip Code 57064-8107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avera Mckennan Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 02 / 2018**  
**Transaction ID : 4A10B3B899DE77DB6ED0**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**C. Schmidt, Susan, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3960 Liberty Rd  
 City Delaware State OH Zip Code 43015-8618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central Ohio Anesthesia, Inc Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **273.75**

Date of Receipt **07 / 05 / 2018**  
**Transaction ID : 41769238C210CA2E85D2**  
 Amount of Each Receipt this Period **91.25**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>152.07</b>
<b>TOTAL</b> 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 103 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Schmitt, Alvin, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 246  
 City Gregory State SD Zip Code 57533-0246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rural Anesthesia Services, P.C. Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 06 / 2018**  
**Transaction ID : 4FE1A1B3D288699F1738**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Schmitt, Jennifer, Louise, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19001 Hill Valley Way  
 City Edmond State OK Zip Code 73012-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Endoscopy Center at Meridian Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **402.05**

Date of Receipt **07 / 13 / 2018**  
**Transaction ID : 4DC9AC3625F976052503**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**C. Schneider, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13980 E 1130th Rd  
 City Marshall State IL Zip Code 62441-5050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SIUE Occupation (for Individual) Nursing  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 03 / 2018**  
**Transaction ID : 4E2FB7E1955B278CF2D2**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>144.15</b>
<b>TOTAL</b> 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 104 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Schoneboom, Bruce, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3660 N Lake Shore Dr  
 Apt 4303  
 City Chicago State IL Zip Code 60613-5318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Johns Hopkins University School of Nur Occupation (for Individual) Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 3979A5574F0E4EEDBC27**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Schorr-Ratzlaff, Beth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 S Quebec Way  
 City Denver State CO Zip Code 80230-6823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Colorado Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.46

Date of Receipt 07 / 10 / 2018  
**Transaction ID : 4F0EA4305AAD72D442F6**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Schosky, Cheryl, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 Amandas Autumn Ln  
 City Taylors State SC Zip Code 29687-6356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spartanburg Regional Healthcare System Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 587.87

Date of Receipt 07 / 21 / 2018  
**Transaction ID : 48C9A3F23B5DA85BD1C1**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.07
<b>TOTAL</b> 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 105 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Scott-Herring, Mary, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20701 W Liberty Rd  
 City White Hall State MD Zip Code 21161-9060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 02 / 2018  
**Transaction ID : A3D90A88-CA8B-451A-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Scudieri, Louise, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1613 Thousand Oaks Dr  
 City Decatur State TX Zip Code 76234-3753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Smooth Inductions, P.C. Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 07 / 10 / 2018  
**Transaction ID : 41579E374FD6DFE804C1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Selai, Brian, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86968 Briar Rd  
 City Jewett State OH Zip Code 43986-9766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nothstar Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 29 / 2018  
**Transaction ID : 49F994411D4EA2026824**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	508.33
<b>TOTAL</b> 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 106 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Self, William, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Choctaw Trl  
 City Ormond Beach State FL Zip Code 32174-4347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Halifax Anestheiology Associates Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 18 / 2018  
**Transaction ID : 4CD483C9841A88B66BCB**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Setnor, Janet, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7766 Camp David Dr  
 City Springfield State VA Zip Code 22153-2370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Austin-Weston Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 4074BF675BC12AFF086C**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Shaffer, Scott, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10940 County Road 240  
 City Salida State CO Zip Code 81201-9222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self/Monarch Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 49D093CD2DE7DEC68846**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	358.33
<b>TOTAL</b> 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 107 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Shelby, Race, William, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3013 Martineau Pl  
 City North Little Rock State AR Zip Code 72116-8546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arkansas State University Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 07 / 2018  
**Transaction ID : 48AC812F22347BB23D99**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Sicheri, Melanie, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5712 S Kalispell Ct  
 City Centennial State CO Zip Code 80015-4026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Childrens Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 48EB86D501C680F6B2C8**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Silva, Jason, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 Buffalo Speedway Apt 3101  
 City Houston State TX Zip Code 77098-1846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) md anderson cancer center Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 21 / 2018  
**Transaction ID : 4818BDA7E167763979C9**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.23
<b>TOTAL</b> 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 108 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Simpson, Geoffrey, Patrick, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9657 Rosina Trl  
 City Fort Worth State TX Zip Code 76126-2245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US ANESTHESIA PARTNERS Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2018  
**Transaction ID : 4BF4852AE0ED6505CC76**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Slabinski, Shannon, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86 Kachinka Hollow Rd  
 City Berwick State PA Zip Code 18603-5877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Geisinger Health System Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 02 / 2018  
**Transaction ID : 4CF88D6268AD12E162C3**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Smith, Christine, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4186 Maplewood Meadows Ave  
 City Grand Blanc State MI Zip Code 48439-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MedNax Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 492FA3EC0690BE4FF4DC**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.82
<b>TOTAL</b> 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 109 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Smith, Christopher, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1321 Newton Rd  
 City Lancaster State PA Zip Code 17603-2460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 26 / 2018**  
**Transaction ID : 4314984727702079214A**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**B. Smith, Richard, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 294 Indigo Way  
 City Allentown State PA Zip Code 18104-8424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lehigh Valley Health Network Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **273.75**

Date of Receipt **07 / 10 / 2018**  
**Transaction ID : 48F19051BAA02603E5DA**  
 Amount of Each Receipt this Period **91.25**  
 Memo Item

**C. Smith, Shawn, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3780 S Coach House Dr  
 City Gilbert State AZ Zip Code 85297-4920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) F.H.C.L. Enterprise Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **333.32**

Date of Receipt **07 / 19 / 2018**  
**Transaction ID : 48AABD680CE4E8797F9B**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>204.99</b>
<b>TOTAL</b> 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 110 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Snyder, Melissa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 365 NE Fox Run Trl  
 City Waukee State IA Zip Code 50263-7104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unity Point Health System, Lutheran Ho Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.28

Date of Receipt 07 / 18 / 2018  
**Transaction ID : 4F809ABF2CB62D95135C**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Stephenson, Kara, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Harvestgate Ct  
 City Lake St Louis State MO Zip Code 63367-4360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ballas Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 4766AD7DCE645861F437**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Storer, Kathleen, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3010 Morningside Dr  
 City Erie State PA Zip Code 16506-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) North American Partners in Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 15 / 2018  
**Transaction ID : 4509AC3357C3758133CF**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.23
<b>TOTAL</b> 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 111 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Sweeney, Charles, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Green Ash Ln  
 City Chalfont State PA Zip Code 18914-4416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United Anesthesia Services Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 4EF284A1EB52B15F2A75**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Taylor, Susan, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1020 Samish Way  
 City Bellingham State WA Zip Code 98229-3104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Susan G Tylor Corporation Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt 07 / 01 / 2018  
**Transaction ID : 4CFBA1FE922C1ED44C23**  
 Amount of Each Receipt this Period 30.42  
 Memo Item

**C. Tenorio Ketcham, Jennifer, Anne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1732 Kodiak Cir NE  
 City Atlanta State GA Zip Code 30345-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Childrens Healthcare of Atlanta Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 17 / 2018  
**Transaction ID : 4DDD8F2C63C0F133B967**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.42
<b>TOTAL</b> 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 112 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Thibault, Lori, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 6  
 117 Snowman Brook Ln  
 City Weld State ME Zip Code 04285-0006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CMMC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.32**

Date of Receipt **07 / 19 / 2018**  
**Transaction ID : 43F9B056A442C8917302**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Thomas, Jeffrey, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4222 Gosford Dr  
 City Avon State OH Zip Code 44011-4419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Team Health Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 24 / 2018**  
**Transaction ID : 40F595A4400EC529DF01**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Tiberio, Amber, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2547 W 146th Ter  
 City Leawood State KS Zip Code 66224-5933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lawrence Anesthesia, PA Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **243.28**

Date of Receipt **07 / 27 / 2018**  
**Transaction ID : DC328F5E9EE840CA81DC**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>163.74</b>
<b>TOTAL</b> 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 113 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Toland, Brenda, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2340 Buckhorn Dr  
 City Norman State OK Zip Code 73072-2981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Oklahoma Health Sciences Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.94**

Date of Receipt **07 / 12 / 2018**  
**Transaction ID : 456CB19BC05DCCC9C98E**  
 Amount of Each Receipt this Period **30.42**  
 Memo Item

**B. Tollenaar, Tricia, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 140 Brewer Dr  
 City Marquette State MI Zip Code 49855-9588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UP Health Systems Marquette Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 14 / 2018**  
**Transaction ID : 40C0BF5F797F4E2ACF3E**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**C. Trask, Karen, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 Whiting St  
 City Hingham State MA Zip Code 02043-3711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SSAAI Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **516.65**

Date of Receipt **07 / 20 / 2018**  
**Transaction ID : 4E1A82C807F3889B942E**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>144.16</b>
<b>TOTAL</b> 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 114 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Trice, Mariann, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14625 NE 145th St  
 Apt 102  
 City Woodinville State WA Zip Code 98072-9048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Anesthesia Associates Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 07 / 28 / 2018  
**Transaction ID : 4833A3F760DF4C2629C9**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Tweedy, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16375 189th St  
 City Manchester State IA Zip Code 52057-8934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Regional Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.37

Date of Receipt 07 / 06 / 2018  
**Transaction ID : 4DE0BBE1078BD51841ED**  
 Amount of Each Receipt this Period 2.91  
 Memo Item

**C. Tyer, James, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Winchester Ln  
 City Bedford State NH Zip Code 03110-4721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) concord Occupation (for Individual) anesethetist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 07 / 2018  
**Transaction ID : D0488CFD-114E-4DD6-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	336.24
<b>TOTAL</b> 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 115 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ulcak, Elizabeth, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4893 Brown Dr  
 City Kailua State HI Zip Code 96734-4867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Hanover Regional Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 16 / 2018  
**Transaction ID : 4F92BDEAE9EB7CC8C669**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Van Oss, Lisa, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Saddle Brook Ln  
 City Epping State NH Zip Code 03042-1924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AAPA Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 46C5BB63FD0554B11702**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Vanderhoek, Lauren, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 W Van Buren St Unit 3509  
 City Chicago State IL Zip Code 60607-3941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VAMC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 07 / 20 / 2018  
**Transaction ID : 4B58A525E14454CA8D0D**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.82
<b>TOTAL</b> 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 116 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Velocci, Dina, Filomena, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 Old Hickory Blvd  
 Apt 3014  
 City Nashville State TN Zip Code 37221-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VUMC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 12 / 2018  
**Transaction ID : 4CF3982BC3CAD0E8EAE**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Vierthaler, Donna, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2866 N Wilderness Ct  
 City Wichita State KS Zip Code 67226-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Via Christi St Francis Hosp Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 07 / 16 / 2018  
**Transaction ID : 4A2CABFBD32A6B405C43**  
 Amount of Each Receipt this Period 625.00  
 Memo Item

**C. Walkup, Jessica, Ruth, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3524 Gunston Rd  
 Bldg 715  
 City Alexandria State VA Zip Code 22302-2135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Inova Fairfax Hospital Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 613.72

Date of Receipt 07 / 07 / 2018  
**Transaction ID : 4044B06587D556156F89**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	758.33
<b>TOTAL</b> 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 117 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Walsh, Robert, Phillip, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12566 Tall Pine Dr  
 City Sainte Genevieve State MO Zip Code 63670-8617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Genevieve County Memorial Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 21 / 2018**  
**Transaction ID : 4130B0BE729FFE00EF42**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Wertz, Barbara, Lynne, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 S Howard Ave # 106-354  
 City Tampa State FL Zip Code 33606-2473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arnold Palmer Hospital for Children Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.50

Date of Receipt **07 / 26 / 2018**  
**Transaction ID : 42588F9513CC13646C76**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Wertz, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 Caldwell St  
 City Spring Lake State NC Zip Code 28390-1753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FirstHealth Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **07 / 08 / 2018**  
**Transaction ID : 46E2A4A3275BAB053238**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	183.33
<b>TOTAL</b> 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 118 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Westermann, Beth, La Von, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2980 Oliver Ln NE  
 City Iowa City State IA Zip Code 52240-7959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Iowa College of Nursing Occupation (for Individual) Student Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.31

Date of Receipt 07 / 14 / 2018  
**Transaction ID : 4BCFB22FF0ACFA33292E**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. White, Maura, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1908 E Gothic Cir  
 City Green Bay State WI Zip Code 54313-4350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 49EDAD6595D957A6ADD9**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. White, Timothy, John-Brody, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4789 Ross Hollow Ln  
 City Arlington State TN Zip Code 38002-8781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Merit Health Wesley Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2018  
**Transaction ID : FE740025C04C4A0BAA35**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	416.66
<b>TOTAL</b> 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 119 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Whiteley, Jason, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12111 S 4th St  
 City Jenks State OK Zip Code 74037-4968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Whiteley Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 11 / 2018**  
**Transaction ID : 4B0CB0CA092DA7A03B1F**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Whitley, Lisa, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Meeting Hall Dr  
 City Morrisville State NC Zip Code 27560-5526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke University Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **583.31**

Date of Receipt **07 / 30 / 2018**  
**Transaction ID : 41688B7163D268F7986E**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Whybrew, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 172 Como St  
 City Mc Kenzie State TN Zip Code 38201-1552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Union University Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 23 / 2018**  
**Transaction ID : 4A3E98A352BDA AFC1AAC**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>213.74</b>
<b>TOTAL</b> 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 120 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Wilkinson, Amos, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1096 Sicomoro Ct  
 City Rio Rico State AZ Zip Code 85648-1696  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amos Wilkinson, CRNA Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 03 / 2018  
**Transaction ID : 4EFFAFA01FA4B10FC46B**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Wilton, Jon, Lance, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1612 Everitt Memorial Hwy  
 City Mount Shasta State CA Zip Code 96067-9096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) american air anesthesiology Occupation (for Individual) crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.87

Date of Receipt 07 / 19 / 2018  
**Transaction ID : 4C7092D1D5A246DC1CBE**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Winterer, Daniel, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5171 N Shore Dr  
 City Duluth State MN Zip Code 55804-2924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) StLukes Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 26 / 2018  
**Transaction ID : 4E46B2FB7AC260A1F35A**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 91.23  
**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 121 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wolf, Michael, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N7743 Half Moon Bay Dr W  
 City New Lisbon State WI Zip Code 53950-9312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mile Bluff Medical Center Occupation (for Individual) Director of Anesthesia Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 524.98

Date of Receipt 07 / 10 / 2018  
**Transaction ID : 42199C1DE8E221D702EF**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**B. Woofter, Kristen, Julee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1992 6th Ave  
 City West Linn State OR Zip Code 97068-4602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser permanente Occupation (for Individual) Nurse anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 16 / 2018  
**Transaction ID : 439E9CD8D06B5BDD6707**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Wright, Mark, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 W Schubert St  
 City Fredericksburg State TX Zip Code 78624-3225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAP Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 274.98

Date of Receipt 07 / 13 / 2018  
**Transaction ID : 42C7A71330A09DF4093C**  
 Amount of Each Receipt this Period 45.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 212.49  
**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 122 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Wroblewski, Pamela, Marcinak, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 265 Scott Haven Rd  
 City Sutersville State PA Zip Code 15083-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bpw Medical Anesthesia Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 09 / 2018  
**Transaction ID : 432D90CE6E18F3D81E69**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Wyatt, Chelsey, Diana, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Country Rd  
 City Rugby State ND Zip Code 58368-2507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Heart of America Medical Center Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 07 / 23 / 2018  
**Transaction ID : 4DACB1CD7F226F28D8A9**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**C. Yarrow, Sara, Hulett, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 191 River Lights Ln  
 City Memphis State TN Zip Code 38103-8928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Jude Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 27 / 2018  
**Transaction ID : 7C66CAF04B4047AC877D**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	102.41
<b>TOTAL</b> 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 123 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. York, Stephen, Cory, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2967 Altadena Ridge Dr  
 City Vestavia State AL Zip Code 35243-4723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Union University Occupation (for Individual) SRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt **07 / 25 / 2018**  
**Transaction ID : 44B8B8ED1C521F6A0C3D**  
 Amount of Each Receipt this Period 30.41  
 Memo Item

**B. Yorkman, Shannon, Segres, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1712 Lantern Mews  
 City Baltimore State MD Zip Code 21205-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Johns Hopkins University Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt **07 / 06 / 2018**  
**Transaction ID : 3598633E35F348468FA7**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Young, Tracy, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 Annaberg Dr  
 City Youngsville State LA Zip Code 70592-5740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **07 / 06 / 2018**  
**Transaction ID : 4396A624E594C8E616D9**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	197.74
<b>TOTAL</b> 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 124 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Yudt, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 788 Heartwood Dr  
 City Winnabow State NC Zip Code 28479-5832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bon Secours Health System Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.87**

Date of Receipt **07 / 11 / 2018**  
**Transaction ID : 4C778186D057B0D645A1**  
 Amount of Each Receipt this Period **30.41**  
 Memo Item

**B. Zelaya, Pauline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8009 Macnish Dr NE  
 City Albuquerque State NM Zip Code 87109-6475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ANesthesia Assoc. of NM Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1083.29**

Date of Receipt **07 / 02 / 2018**  
**Transaction ID : 4CBFB1A6E9216DE59E64**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Zelaya, Pauline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8009 Macnish Dr NE  
 City Albuquerque State NM Zip Code 87109-6475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ANesthesia Assoc. of NM Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1083.29**

Date of Receipt **07 / 16 / 2018**  
**Transaction ID : 4BA095FC419ED5A87189**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>197.07</b>
<b>TOTAL</b> 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 125 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Zimmer, Kevin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10382 Augusta Dr  
 City Sauk Centre State MN Zip Code 56378-4864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Central Anesthesia PC Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2018  
**Transaction ID : B390CE2867C34943BFA8**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Zimmer, Sarah, Jane, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44962 Birch Hill Rd  
 City Melrose State MN Zip Code 56352-8001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WCA Occupation (for Individual) CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2018  
**Transaction ID : A05A5D46717B465C8D35**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	32483.55

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. A Whole Lot Of People For Grijalva Congressional Committee**

Mailing Address PO Box 1242

City  
Tucson

State  
AZ

Zip Code  
85702

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Grijalva, Raul, Manuel, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: AZ District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2018

FEC Identification Number

C C00374058

**Transaction ID : 4D533FA008f**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Biggs For Congress**

Mailing Address 228 S Washington St Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Biggs, Andrew, S., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: AZ District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2018

FEC Identification Number

C C00610451

**Transaction ID : DE5D223E04f**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blum For Congress**

Mailing Address 2728 Asbury Road Suite 400

City  
Dubuque

State  
IA

Zip Code  
52001

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Blum, Rodney, Leland, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2018

FEC Identification Number

C C00543926

**Transaction ID : 6EC2DEDD6f**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City  
Flint

State  
MI

Zip Code  
48501

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Kildee, Daniel, Timothy, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

FEC Identification Number

C C00499947

**Transaction ID : 7D257C2F5E**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Guthrie For Congress**

Mailing Address PO Box 9639

City  
Bowling Green

State  
KY

Zip Code  
42102-9639

Purpose of Disbursement  
2018 General

011

Category/  
Type

Candidate Name

**Guthrie, S. Brett, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

FEC Identification Number

C C00445023

**Transaction ID : 635EA46BEB**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Langevin For Congress**

Mailing Address 181A Knight St

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Langevin, James, R., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2018

FEC Identification Number

C C00344697

**Transaction ID : 02AFDC84A**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mark Pocan For Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name  
**Pocan, Mark, , ,**

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C C00502179

**Transaction ID : 81CBFEB69E**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. People's Voice PAC**

Mailing Address PO Box 685

City Madison State WI Zip Code 54850

Purpose of Disbursement  
2018 Contribution

011  
Category/  
Type

Candidate Name  
**People's Voice PAC**

Office Sought:  House  
 Senate  
 President  
State: District: Contribution

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C C00410092

**Transaction ID : AED2CC4B47**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schneider For Congress**

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement  
2018 General

011  
Category/  
Type

Candidate Name  
**Schneider, Bradley, Scott, ,**

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2018

FEC Identification Number

C C00495952

**Transaction ID : 7DB2416AFC**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tammy Baldwin For Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Mailing Address Pobox 696

FEC Identification Number

C	C00326801
---	-----------

City Madison	State WI	Zip Code 53701
-----------------	-------------	-------------------

**Transaction ID : 1ED254344FI**

Purpose of Disbursement  
2018 General

011
Category/ Type

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name  
**Baldwin, Tammy, S., ,**

Office Sought:  House  
 Senate  
 President

State: WI District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

2000.00
---------

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

19500.00
----------

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Maresh, Teresa, P, ,**

Mailing Address 957 Cutler Rd  
# 219

City  
Machiasport

State  
ME

Zip Code  
04655-3013

Purpose of Disbursement  
Refund of Contribution Received

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : C04B5EEB61**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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