

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
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CO0173153 030498 P 224
~~MARK KRIMARZICK FINANCE~~
 AMERICAN ASSOCIATION OF NURSE
 ANESTHETISTS SEPARATE SEGREGAT
 222 S PROSPECT AVENUE
 C/O FINANCE DEPT
 PARK RIDGE IL 60068

2. FEC IDENTIFICATION NUMBER
CO0173153
 3. This committee has qualified as a multicandidate
committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1-1-98 through 3-31-98		
6. (a)	Cash on Hand January 1, 19 98		\$ 260,558.00
(b)	Cash on Hand at Beginning of Reporting Period	\$ 260,558.00	
(c)	Total Receipts (from Line 19)	\$ 56,900.36	\$ 56,900.36
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 317,458.36	\$ 317,458.36
7.	Total Disbursements (from Line 30)	\$ 117,031.71	\$ 117,031.71
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 200,426.65	\$ 200,426.65
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-8530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Type or Print Name of Treasurer
WILLIAM E. YEO

Signature of Treasurer Finance Director

William E. Yeo

Date

4-14-98

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

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE AANA SEPARATE SEGREGATED FUND AKA CRNA-PAC		REPORT COVERING PERIOD	
		FROM 1-1-98	TO: 3-31-98
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
I.	Itemized (use Schedule A)	7,600.00	7,600.00
II.	Unitemized	49,155.00	49,155.00
III.	Total (add i and ii) >	56,755.00	56,755.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a II, b and c) >	56,755.00	56,755.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	145.36	145.36
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	56,900.36	56,900.36
20.	Total Federal Receipts (subtract line 18 from line 19) >	56,900.36	56,900.36
II Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
I.	Federal Share		
II.	Non-Federal Share	36,491.98	36,491.98
b.	Other Federal Operating Expenditures	36,491.98	36,491.98
c.	Total Operating Expenditures (add a I, a II, and b) >	36,491.98	36,491.98
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	80,539.73	80,539.73
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c) >		
29.	Other Disbursements		
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	117,031.71	117,031.71
31.	Total Federal Disbursements (subtract line 21 a II from line 30) >	117,031.71	117,031.71
III Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	56,755.00	56,755.00
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans) (subtract line 33 from 32)	56,755.00	56,755.00
35.	Total Federal Operating Expenditures (add 21 a I and 21 b) >	36,491.98	36,491.98
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 35 from 36) >	36,491.98	36,491.98

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11 ai

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 ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert F Duffy 10 Blue Ridge Drive Searcy AR 72143-7102	Anesthesia & Pain Mgmt Associates	3/3/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shirley Jaeger 664 Teresita Blvd San Francisco CA 94127-2320	Kaiser Permanente	3/30/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sanford Clayton PO Box 248 Lloyd PL 32337-0248	Coffee Regional Medical Center	3/3/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Daines 709 41st Street West Des Moines IA 50265-3807	DVA	2/27/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen L Post 3504 Burk Street Parkersburg WV 26104	Self-Employed	2/27/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith S Carter 2000 Byrd Road Vienna VA 22182-3706	Potomac Anesthesia	3/4/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patty J Cornwell 3626 West End Avenue #202 Nashville TN 37205-2400	Anesthesia Medical Group	3/6/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5

FOR LINE NUMBER 11 a1)

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NAME OF COMMITTEE (In Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Snyder 1979 West 400 N Warsaw IN 46580-8585	Self-Employed Occupation: CRNA	3/19/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diana Jackson 31411 Corte Azul San Juan CA 92675-5525	Self-Employed Occupation: CRNA	3/6/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judy Christensen 3802 Caravelle Parkway #4008 Corpus Christi TX 78415-3520	Schohn Memorial Hospital Occupation: CRNA	3/3/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julie Garrison 7922 Footman Way Raleigh NC 27615-7735	Rex Hospital Occupation: CRNA	3/19/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Simmons 300 Third Street #318 San Francisco CA 94107-1213	Kaiser Permanente Occupation: CRNA	3/3/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeanette Peter 1576 Via Zurita Palos Verdes Estates CA 90274-	County Hospital Occupation: CRNA	3/11/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Johnston PO Box 3279 Durango CO 81302-3279	Twilight Anesthesia Occupation: CRNA	2/25/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11a11

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NAME OF COMMITTEE (In Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Cole 201 Hidden Forest Battle Creek MI 49014-7851	Oaklawn Hospital Occupation CRNA	3/18/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann Everett 4 Fox Squirrel Drive Savannah GA 31406-8902	Self-Employed Occupation CRNA	3/25/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet MacDougall 3600 N Lake Shore Drive #1801 Chicago IL 60613-4650	Weiss Memorial Hospital Occupation CRNA	3/30/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Macaulay 12002 Rivendell Drive Oklahoma City OK 73170	Self-Employed Occupation CRNA	3/19/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennie Fugitt 2510 Noel Avenue Midland TX 79705-3335	Self-Employed Occupation CRNA	3/6/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sue Holland 4618 94th Street Lubbock TX 79424	Self-Employed Occupation CRNA	2/27/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Heon 11146 West 26th Place Lakewood CO 80215-7101	Presbyterian-St. Luke's Occupation CRNA	3/3/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) 2,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wendell Spencer RR 1 Box 8E O'Neill NE 68763	Self-Employed	3/25/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Christine Dillon Opdycke 9632 Swan Place Mason OH 45040	University Anesthesia Associates	3/6/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Hilton 14347 St Rt 220 Waverly OH 45690	Pike Community Hosp	3/18/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Renee Sinclair PO Box 754 Hays KS 67601	Hays Medical Ctr	3/26/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anne McNeill 26360 Vincennes Franklin MI 48025	Sinai Hospital/ Detroit Med Ctr	3/25/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pamela Emerson 1885 Mt Olivet Church Road Lexington NC 27295	Lexington Memorial Hospital	3/31/98	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > \$ 400.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Kendrick 4625 45th Avenue SE #A7 Lacey WA 98503	US Army Madigan Army Med Ctr	3/26/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 11a-f

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NAME OF COMMITTEE (in Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy McKindles 84 Crestview Drive Oswega IL 60543	Guardian Anesthesia	2/27/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Hitesman 7229 Normandy Road Ft Worth TX 76112	Parkland Memorial Hospital	3/18/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

7,600.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zurich Money Market Fund 811 Main Street Kansas City, MO 64105-2005		1/25/98	40.39
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$ 40.39	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zurich Money Market Fund (address above)		2/25/98	56.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$ 97.37	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zurich Money Market Fund (address above)		3/25/98	47.99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$ 145.36	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 145.36

TOTAL This Period (last page this line number only) 145.36

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PRC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AANA 222 S. Prospect Park Ridge, IL 60068	Reimbursement to AANA (Fed. Oper. Expenses) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Expenses	01/06/98	12,281.20
B. Full Name, Mailing Address and ZIP Code Golden Touch Limousine P.O. Box 38044 Washington, DC 20016	Purpose of Disbursement Golden Touch Limousine RIVERBOAT CRUISE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Expenses	02/10/98	1,740.00
C. Full Name, Mailing Address and ZIP Code Prospect Travel Agency 222 South Prospect Avenue Park Ridge, IL 60068	Purpose of Disbursement Victory in LA/Wendy Parker Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Expenses	02/13/98	296.00
D. Full Name, Mailing Address and ZIP Code Wendy Parker AANA 412 1st Street, SE, #12 Washington, DC 20003	Purpose of Disbursement Wendy Parker-reimb. for hotel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Expenses	03/02/98	638.80
E. Full Name, Mailing Address and ZIP Code Cassidy Design 1503 Connecticut Avenue, NW Washington, DC 20036	Purpose of Disbursement Cassidy Design NEWSLETTER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Expenses	03/02/98	7,830.79
F. Full Name, Mailing Address and ZIP Code Grand Hyatt Department 360 Washington, DC 20042-3350	Purpose of Disbursement Grand Cuisine-caterer RIVERBOAT CRUISE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Expenses	03/03/98	2,000.00
G. Full Name, Mailing Address and ZIP Code The Potomac Riverboat Company 205 The Strand Alexandria, VA 22314	Purpose of Disbursement Potomac Riverboat Company RIVERBOAT CRUISE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Expenses	03/23/98	3,675.00
H. Full Name, Mailing Address and ZIP Code Wiley, Rein & Fielding 1776 K Street, NW Washington, DC 20006	Purpose of Disbursement Wiley, Rein & Fielding LEGAL COUNSEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Expenses	03/23/98	8,000.00
I. Full Name, Mailing Address and ZIP Code David Hebert 7605 Ridgecrest Drive Alexandria VA 22308	Purpose of Disbursement Reimb auction items for Riverboat Cruise Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 exp.	3/10/98	132.19

SUBTOTAL of Disbursements This Page (optional)

36,491.98

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36,491.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPRATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps 25 West Anapamu Santa Barbara, CA 93101	Lois Capps, U.S. HOUSE 22nd CA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Special Election	01/05/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Minge for Congress P.O. Box 71 Granite Falls, MN 56241	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 U	01/06/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lampson for Congress 8360 Collier Road Beaumont, TX 77706	Nick Lampson, U.S. HOUSE 9th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	01/21/98	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic National Committee 430 South Capitol Street, SE Washington, DC 20003	DNC membership renewal (installment pymt.) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 9999	01/21/98	7,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Solomon for Congress 6128 11th Road, N. Arlington, VA 22205	Gerald B.H. Solomon, U.S. HOUSE 22nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	01/21/98	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hobson for Congress 82 West Columbia Street Springfield, OH 45502	David L. Hobson, U.S. HOUSE 7th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	01/21/98	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Georgia Republican Party 5600 Roswell Road Suite 200 East Atlanta, GA 30342	Georgia Republican Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 9999	01/21/88	1,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Democratic Senatorial Campaign Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 9999	01/26/98	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	In-kind contrib. for Gerald Solomon Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	01/27/98	155.25 (In-Kind)

SUBTOTAL of Disbursements This Page (optional)

13,155.25

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Solomon for Congress 6128 11th Road, N. Arlington, VA 22205	In-kind contrib. for Gerald Solomon Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	01/27/98	155.25 (Memo In-Kind)
B. Full Name, Mailing Address and ZIP Code 1001 Restaurant Corporation 5105 Bervyn Road Suite 101 College Park, MD 20740	Purpose of Disbursement In-kind contrib. for Gerald Solomon Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/98	28.60 (In-Kind)
C. Full Name, Mailing Address and ZIP Code Solomon for Congress 6128 11th Road, N. Arlington, VA 22205	Purpose of Disbursement In-kind contrib. for Gerald Solomon Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/28/98	28.60 (Memo In-Kind)
D. Full Name, Mailing Address and ZIP Code Grassley '98 Committee P.O. Box 5683 Alexandria, VA 22306-0193	Purpose of Disbursement Charles E. Grassley, U.S. SENATE IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	01/28/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Crapo for Senate P.O. Box 1013 Boise, ID 83701	Purpose of Disbursement Mike Crapo, U.S. SENATE ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	01/28/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Citizens for Kasich 63 North West Street Westerville, OH 43081	Purpose of Disbursement John R. Kasich, U.S. HOUSE 12th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	01/28/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Daniel Inouye In '98 1429 G St, NW Washington, DC 20005	Purpose of Disbursement Daniel K. Inouye, U.S. SENATE HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	01/28/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Tim Johnson for U.S. Senate 420 C St., NE, Lwr Lvl Washington, DC 20002	Purpose of Disbursement Tim Johnson, U.S. SENATE SD/96 Gen. Debt Retiremt Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	01/30/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Bob Filner for Congress P.O. Box 127868 San Diego, CA 92112	Purpose of Disbursement Bob Filner, U.S. HOUSE 50th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	02/08/98	500.00

SUBTOTAL of Disbursements This Page (optional)

5,528.60

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends to Elect Scott Ferguson (D-AR) P.O. Box 5417 West Memphis, AR 72301	Scott Ferguson, U.S. SENATE AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	02/10/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Daniel Inouye In '98 1428 G St, NW Washington, DC 20005	Daniel K. Inouye, U.S. SENATE HI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	02/13/98	1,000.00
C. Full Name, Mailing Address and ZIP Code John Dingell for Congress P.O. Box 75214 Washington, DC 20013-6214	John D. Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	02/17/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Nussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2135	Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	02/17/98	500.00
E. Full Name, Mailing Address and ZIP Code Hulshof for Congress P.O. Box 1521 Columbia, MO 65205	Kenny Hulshof, U.S. HOUSE 9th MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	02/17/98	500.00
F. Full Name, Mailing Address and ZIP Code South Dakota Victory Fund 424 C Street, NE, Flr 1 Washington, DC 20002	South Dakota Victory Fund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	02/17/98	2,000.00
G. Full Name, Mailing Address and ZIP Code 1001 Restaurant Corporation 5105 Barwyn Road Suite 101 College Park, MD 20740	In-kind contrib. for John Dingell Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/98	134.95 (In-Kind)
H. Full Name, Mailing Address and ZIP Code John Dingell for Congress P.O. Box 75214 Washington, DC 20013-5214	In-kind contrib. for John Dingell Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/98	134.95 (Memo In-Kind)
I. Full Name, Mailing Address and ZIP Code Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	02/24/98	500.00

SUBTOTAL of Disbursements This Page (optional)

6,634.95

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NAME OF COMMITTEE (In Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us P.O. Box 490 2214 S. State Street St. Joseph, MI 49085	Fred Upton, U.S. HOUSE 6th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	02/24/98	500.00
Citizens for Dave Obey P.O. Box 76214 Washington, DC 20013-5214	David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	02/24/98	500.00
Norwood for Congress P.O. Box 499 Evans, GA 30809	Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	02/24/98	500.00
Sue Kelly for Congress P.O. Box 18021 Alexandria, VA 22302	Sue W. Kelly, U.S. HOUSE 18th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	02/24/98	500.00
Friends of Jerry Kleczka 4200 Christine Place Alexandria, VA 22311	Gerald D. Kleczka, U.S. HOUSE 4th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	02/24/98	500.00
Citizens for Tom Petri 4451 Brookfield Corp. Dr., #200 Chantilly, VA 20151-1852	Tom Petri, U.S. HOUSE 8th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	02/24/98	500.00
Victory in Louisiana c/o DSCC 430 S. Capitol St., SE Washington, DC 20003	Victory in Louisiana Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>ggg</u>	02/24/98	5,000.00
Citizens for John Oliver for Congress 38 Ivy Street, SE Washington, DC 20003	John Oliver, U.S. HOUSE 1st MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	02/24/98	500.00
Upton for All of Us P.O. Box 490 2214 S. State Street St. Joseph, MI 49085	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	02/24/98	-500.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Upton for All of Us P.O. Box 480 2214 S. State Street St. Joseph, MI 49085	Fred Upton, U.S. HOUSE 8th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	02/24/98	600.00
B. Full Name, Mailing Address and ZIP Code 1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	Purpose of Disbursement In-kind contrib. for Jean Leising (R-IN-9) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	02/24/98	120.93 (In-Kind)
C. Full Name, Mailing Address and ZIP Code Jean Leising for Congress P.O. Box 53 Batesville, IN 47008	Purpose of Disbursement In-kind contrib. for Jean Leising (R-IN-8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	02/24/98	120.93 (Memo In-Kind)
D. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Nancy Johnson 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	02/26/98	1,500.00
E. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Nancy Johnson 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Purpose of Disbursement Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	02/26/98	500.00
F. Full Name, Mailing Address and ZIP Code Ron Kind for Congress 218 Pearl Street LaCrosse, WI 54602-0184	Purpose of Disbursement Ron Kind, U.S. HOUSE 3rd WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	03/02/98	500.00
G. Full Name, Mailing Address and ZIP Code Thornberry for Congress 701 South Taylor Suite 320 Amarillo, TX 79109	Purpose of Disbursement William M. "Mac" Thornberry, U.S. HOUSE 13th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	03/02/98	500.00
H. Full Name, Mailing Address and ZIP Code Hobson for Congress 82 West Columbia Street Springfield, OH 45502	Purpose of Disbursement David L. Hobson, U.S. HOUSE 7th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	03/02/98	500.00
I. Full Name, Mailing Address and ZIP Code Watts for Congress P.O. Box 6545 Norman, OK 73070	Purpose of Disbursement J.C. Watts, U.S. HOUSE 4th OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	03/02/98	500.00

SUBTOTAL of Disbursements This Page (optional) **4,620.93**

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NAME OF COMMITTEE (In Full)
AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New Democrat Network 601 Capitol Court, NE Suite 200 Washington, DC 20002	New Democrat Network Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Contributions	03/02/98	500.00
Friends of Senator D'Amato 425 Second Street, NE Washington, DC 20002	Alfonse M. D'Amato, U.S. SENATE NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/02/98	1,000.00
Ben Gardin for Congress 38 Ivy Street, SE 10th Floor Washington, DC 21201	Benjamin L. Gardin, U.S. HOUSE 3rd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/02/98	500.00
John Ensign for U.S. Senate 425 2nd Street, NE Washington, DC 20002	John Ensign, U.S. SENATE NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/02/98	1,000.00
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/02/98	500.00
Ewing for Congress P.O. Box 788 Pontiac, IL 61764	Thomas W. Ewing, U.S. HOUSE 16th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/03/98	750.00
Weygard for Congress P.O. Box 28406 Providence, RI 02808	Robert Weygard, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/03/98	500.00
Friends of Roger Wicker P.O. Box 874 Tupelo, MS 38802	Roger Wicker, U.S. HOUSE 1st MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/03/98	500.00
Nussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2138	Jim Nussle, U.S. HOUSE 2nd IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/03/98	500.00

SUBTOTAL of Disbursements This Page (optional)

5,750.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	DSCC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 9999	03/04/98	5,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Mark Foley 3517 8 Street, NW Washington, DC 20007	Purpose of Disbursement Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/04/98	500.00
C. Full Name, Mailing Address and ZIP Code Moderate Republican PAC 14 East 60th Street, #702 New York, NY 10022	Purpose of Disbursement Moderate Republican PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/10/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Andrews for Congress P.O. Box 2314 Washington, DC 20013	Purpose of Disbursement Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/10/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Republican National Committee 310 First Street, SE Washington, DC 20003	Purpose of Disbursement Republican National Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Contributions	03/10/98	5,000.00
F. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Purpose of Disbursement DSCC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 9999	03/10/98	5,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad P.O. Box 812 Bismark, ND 58501	Purpose of Disbursement Kent Conrad, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/11/98	1,500.00
H. Full Name, Mailing Address and ZIP Code John Spratt for Congress P.O. Box 2884 Washington, DC 20013	Purpose of Disbursement John M. Spratt, U.S. HOUSE 5th SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/27/98	1,000.00
I. Full Name, Mailing Address and ZIP Code Ron Lewis for Congress P.O. Box 307 Elizabethtown, KY 42702	Purpose of Disbursement Ron Lewis, U.S. HOUSE 2nd KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	03/27/98	500.00

SUBTOTAL of Disbursements This Page (optional)

20,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 10 FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Whitfield for Congress P.O. Box 331 Hopkinsville, KY 42241	Edward Whitfield, U.S. HOUSE 1st KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/27/98	500.00
Sue Kelly for Congress P.O. Box 16021 Alexandria, VA 22302	Sue W. Kelly, U.S. HOUSE 19th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/27/98	1,000.00
John Tanner for Congress P.O. Box 1992 Union City, TN 38281	John Tanner, U.S. HOUSE 8th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/27/98	500.00
Wyden for Senate P.O. Box 3498 Portland, OR 97208	Ron Wyden, U.S. SENATE OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/27/98	1,000.00
Rick Robinson for Congress P.O. Box 16021 Alexandria, VA 22302	Rick Robinson, U.S. HOUSE 4th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/27/98	500.00
Shelby for Senate P.O. Box 1081 Tuscaloosa, AL 35403	Richard C. Shelby, U.S. SENATE AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/27/98	1,000.00
Sue Kelly for Congress P.O. Box 16021 Alexandria, VA 22302	Sue W. Kelly, U.S. HOUSE 19th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/30/98	1,000.00
Citizens for Arlen Specter 900 2nd Street, NE Suite 306 Washington, DC 20002	Arlen Specter, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/30/98	1,000.00
Nita Lowy for Congress P.O. Box 271 White Plains, NY 10606	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) gg	03/30/98	-500.00

SUBTOTAL of Disbursements This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 0 OF 10
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bill Young Campaign Committee P.O. Box 103 Arlington, VA 22210	C.W. Bill Young, U.S. HOUSE 10th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	03/30/98	500.00
Blue Dog PAC 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Blue Dog PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>ggg</u>	03/30/98	500.00
Boxer for Senate P.O. Box 541751 Los Angeles, CA 90054	Barbara Boxer, U.S. SENATE CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	03/30/98	1,000.00
Dooley for Congress 1580 Wilson Boulevard Suite 502 Arlington, VA 22209	Calvin Dooley, U.S. HOUSE 20th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	03/30/98	500.00
Ed Pease for Congress P.O. Box 18021 Alexandria, VA 22302	Ed Pease, U.S. HOUSE 7th IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	03/30/98	500.00
Baldacci for Congress P.O. Box 523 Bangor, ME 04402	John Baldacci, U.S. HOUSE 2nd ME Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	03/30/98	500.00
Bob Wise for Congress P.O. Box 6338 Charleston, WV 26361	Bob Wise, U.S. HOUSE 2nd WV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	03/30/98	500.00
Committee to Re-Elect Congresswoman Marge Roukema P.O. Box 625 Ridgewood, NJ 07461	Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	03/30/98	1,000.00
Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>gg</u>	03/30/98	500.00

SUBTOTAL of Disbursements This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10 OF 10
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

AMERICAN ASSN OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Chris Dodd 203 C Street, NE Washington, DC 20002	Christopher J. Dodd, U.S. SENATE CT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 98	03/30/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Participation 2000 236 Massachusetts Ave, NE, #206 Washington, DC 20002	Purpose of Disbursement Participation 2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	03/30/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Nita Lowey for Congress P.O. Box 271 White Plains, NY 10605	Purpose of Disbursement Nita M. Lowey, U.S. HOUSE 18th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	03/30/98	600.00
D. Full Name, Mailing Address and ZIP Code Stark County Judicial Fund/GOP 116 DeWalt Ave, NW, 1st Flr Canton, OH 44702	Purpose of Disbursement Stark County Judicial Fund/GOP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	03/30/98	250.00
E. Full Name, Mailing Address and ZIP Code Georgia Republican Party 5600 Roswell Road Suite 200 East Atlanta, GA 30342	Purpose of Disbursement Georgia Republican Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	03/30/98	600.00
F. Full Name, Mailing Address and ZIP Code South Dakota Victory Fund 424 C Street, NE, Fir 1 Washington, DC 20002	Purpose of Disbursement South Dakota Victory Fund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Contributions	03/31/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Sue Kelly for Congress P.O. Box 18021 Alexandria, VA 22302	Purpose of Disbursement Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	03/31/98	-1,000.00
H. Full Name, Mailing Address and ZIP Code Wyden for Senate P.O. Box 3498 Portland, OR 97208	Purpose of Disbursement Ron Wyden, U.S. SENATE OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	03/31/98	1,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

4,850.00

TOTAL This Period (last page this line number only)

80,538.73

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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