

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)  May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  Aug 20 (M8)  Sep 20 (M9)  Oct 20 (M10)  Nov 20 (M11) (Non-Election Year Only)  
 Dec 20 (M12) (Non-Election Year Only)  
 Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)

Election on  /  /  in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Signature of Treasurer  [Electronically Filed] Date  /  /

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

Office Use Only										<b>FEC FORM 3X</b> Rev. 12/2004
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>		472415.52
(b) Cash on Hand at Beginning of Reporting Period.....	416575.14	
(c) Total Receipts (from Line 19) .....	68215.71	104875.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	484790.85	577290.85
7. Total Disbursements (from Line 31).....	88625.00	181125.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	396165.85	396165.85
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 02 / 01 / 2016 To: 02 / 29 / 2016

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).....	41051.48	61765.21
(ii) Unitemized .....	27164.23	43110.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	68215.71	104875.33
(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) .....	68215.71	104875.33
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	0.00
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))..... ▶	68215.71	104875.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	68215.71	104875.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	87500.00	180000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	125.00	125.00
(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)).....	125.00	125.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	88625.00	181125.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	88625.00	181125.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	68215.71	104875.33
34. Total Contribution Refunds (from Line 28(d)) .....	125.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	68090.71	104750.33
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 56
	<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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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. Kimberly Marie Abeln**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9339 Pine Ave  
 City Saint Louis State MO Zip Code 63144-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ballas Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : D7BA359C-EA46-4BFF-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Steve L. Alves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 273 Ash St  
 City Brockton State MA Zip Code 02301-4139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brigham and Women's Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : 744F39A50FAC425C9B67**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**C. David Andrews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1415 Horseshoe Curv  
 City Lake Oswego State OR Zip Code 97034-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Outpatient Anesthesia Services Occupation Clinical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 43F2B256A1F1428E834D**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 7 OF 56
	<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. David Andrews**  
Full Name (Last, First, Middle Initial)

Mailing Address 1415 Horseshoe Curv

City Lake Oswego State OR Zip Code 97034-4639

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

Name of Employer Outpatient Anesthesia Services Occupation Clinical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : CDFDBD21481A430AAB02**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Jessica K. Bercen**  
Full Name (Last, First, Middle Initial)

Mailing Address 7324 Tanaqua Ln

City Austin State TX Zip Code 78739-2035

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

Name of Employer Capitol Anesthesiology Association Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 2BC0C901-D390-4776-**

Amount of Each Receipt this Period 600.00

Memo Item

**c. Mary J. Bernheim**  
Full Name (Last, First, Middle Initial)

Mailing Address 528 Whisner St

City Goldsboro State NC Zip Code 27534-5487

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

Name of Employer USAF Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 1C4E7DE7-C89C-4C62-**

Amount of Each Receipt this Period 365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1215.00
<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 8 OF 56
	<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. Margaret M. Bertman-Reed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 82 Hillview Dr  
 City Danville State CA Zip Code 94506-1312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : E3CB9E9A-BE8B-42EF-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Judith A. Bottger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1867 N Bluff Rd  
 City Hubbard State NE Zip Code 68741-3056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 242B9E2B-4058-432E-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Cherie A. Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Casco St Apt 36  
 City Portland State ME Zip Code 04101-2994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rutgers University Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 03 / 2016  
**Transaction ID : AF0510E9D08A4A339F87**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	915.00
<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 9 OF 56
	<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. James Tyler Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 Brown Thrush Rd

City Savannah State GA Zip Code 31419-6092

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

Name of Employer Anesthesia Associates of Savannah Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2016  
**Transaction ID : 165FC23F-317F-4295-**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Robert C. Campbell**  
Full Name (Last, First, Middle Initial)

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 university of kentucky Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.83

Date of Receipt 02 / 10 / 2016  
**Transaction ID : F3FF1D73154A45B49F8B**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Cheryl Sisler Carr**  
Full Name (Last, First, Middle Initial)

Mailing Address 78 Marblehead

City Irvine State CA Zip Code 92620-3535

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

Name of Employer enland empire anesthesia Occupation crna

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : F1916D1C-5818-46CA-**

Amount of Each Receipt this Period 365.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
	<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. James E. Carroll**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 N 10th Pl

City Black River Falls State WI Zip Code 54615-1151

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

Name of Employer Self Employed Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 259.00

Date of Receipt 02 / 20 / 2016  
Transaction ID : 049D9853-2850-4B4F-

Amount of Each Receipt this Period 259.00

Memo Item

**B. T'Anyia Marye Carter**  
Full Name (Last, First, Middle Initial)

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 Anesthesia Consultants of Dallas Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.66

Date of Receipt 02 / 10 / 2016  
Transaction ID : 4DA7AE00E4D3A1683A91

Amount of Each Receipt this Period 208.33

Memo Item

**C. Kristin D. Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Powder Mill Dr

City Kennebunk State ME Zip Code 04043-6600

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

Name of Employer Maine Medical Center Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2016  
Transaction ID : D2D653089ABD430086FA

Amount of Each Receipt this Period 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 717.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<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. Kimbra L. Click**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 821 E Cleveland Ave  
 City Hobart State IN Zip Code 46342-3243  
 Name of Employer St Catherine hospital Occupation RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 24 / 2016  
 Transaction ID : BEF8E1B4-CB33-4D93-  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Daniel W. Conover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8905 Midway Rd  
 City Henrico State VA Zip Code 23229-6347  
 Name of Employer NAPA anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 27 / 2016  
 Transaction ID : C1CDE0F2-5F8A-4056-  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**C. William D. Covill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2299 Scenic Hwy Apt S8  
 City Pensacola State FL Zip Code 32503-6686  
 Name of Employer United States Navy Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2016  
 Transaction ID : 4B46A63C-3AC6-4688-  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	965.00
<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 12 OF 56
	<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. Jeffrey Darna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7111 Santa Monica Blvd  
 Apt 536  
 City West Hollywood State CA Zip Code 90046-3455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer APMG Occupation ANESTHESIA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 64D8CD85-E0A7-4E84-**  
 Amount of Each Receipt this Period 600.00  
 Memo Item

**B. Idena M. Davidson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Midland Ave  
 City Manitou Springs State CO Zip Code 80829-2034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 12B62F2F-C81D-45AD-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Raymond J. Devlin III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1404 Avenue Des Marquis  
 City Covington State LA Zip Code 70433-6427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Louisiana State University Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 17 / 2016  
**Transaction ID : 9831DF59-750B-4674-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1265.00
<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 13 OF 56
	<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. Debra J. Diaz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 NW 11th St  
 Apt 1201  
 City Miami State FL Zip Code 33136-3125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Medical Village Hospital at NSU Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 25 / 2016**  
**Transaction ID : 5FD9FB1D95FD4BBF96CB**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**B. Debra J. Diaz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 NW 11th St  
 Apt 1201  
 City Miami State FL Zip Code 33136-3125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Medical Village Hospital at NSU Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 25 / 2016**  
**Transaction ID : FEB76E0AE7784FE6AFE8**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Haley Margaret Grace Ellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Alljoy Rd  
 City Bluffton State SC Zip Code 29910-7268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alljoy Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 19 / 2016**  
**Transaction ID : 2A5913345F154E63808C**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>625.00</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 14 OF 56
	<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. Paul Eshleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3833 Dunbar Ct

City State Zip Code  
Brooklyn Park MN 55443-1975

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

Name of Employer Occupation  
Park Nicollet Methodist Hospital CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2016

**Transaction ID : F37730F0-441D-4D73-**

Amount of Each Receipt this Period  
285.00

Memo Item

**B. William Fehder**  
Full Name (Last, First, Middle Initial)

Mailing Address 97 Algonquin Rd

City State Zip Code  
Chestnut Hill MA 02467-1001

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

Name of Employer Occupation  
New York University Medical Center Nurse Anesthesia

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : 7895E013-81A2-426A-**

Amount of Each Receipt this Period  
1000.00

Memo Item

**c. Melinda Beth Fielding**  
Full Name (Last, First, Middle Initial)

Mailing Address 2102 Agcroft Rd

City State Zip Code  
Virginia Beach VA 23454-5859

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

Name of Employer Occupation  
Chesapeake Anest Inc CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : B120640A-2DC5-4CE5-**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1585.00
<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 15 OF 56
	<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. Robyn E. Finney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 195 Westridge Ave SW  
 City Byron State MN Zip Code 55920-6102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 8D8EB68323EA41DDB315**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Robert J. Gauvin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Seabreeze Ln  
 City Mattapoisett State MA Zip Code 02739-2616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Professionals, Inc. Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 02 / 18 / 2016  
**Transaction ID : C05323E458E0734FE8C**  
 Amount of Each Receipt this Period 416.66  
 Memo Item

**C. Robert J. Gauvin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Seabreeze Ln  
 City Mattapoisett State MA Zip Code 02739-2616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anesthesia Professionals, Inc. Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 40489C198015DE7D096B**  
 Amount of Each Receipt this Period 208.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	874.99
<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 16 OF 56
	<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. Marjorie A. Geisz-Everson**  
 Full Name (Last, First, Middle Initial)  
 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 LSUHSC School of Nursing Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2016  
**Transaction ID : ABD946D3611148208CB2**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Edward William Gradman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 N May St Apt 3G  
 City Chicago State IL Zip Code 60607-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North American Partners in Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 21 / 2016  
**Transaction ID : EC8B5E462E6F473DA7AE**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**C. Margaret Salzmann Grimes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9638 Roarks Psge  
 City Missouri City State TX Zip Code 77459-6232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : B5349951-445B-4C02-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 17 OF 56
	<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. Leesa T. Hartz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 709 Cleermont Dr SE  
 City Huntsville State AL Zip Code 35801-1843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PhySynergy Occupation Assistant Chief CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 08F432D5-6582-471B-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Linda T. Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1097 Enclave Rd  
 City Chattanooga State TN Zip Code 37415-5631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The University of Tennessee at Chattan Occupation CRNA Associate Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 02 / 27 / 2016  
**Transaction ID : 1971FF79BABA49A38C58**  
 Amount of Each Receipt this Period 335.00  
 Memo Item

**C. Maria Hirsch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5671 Split Rail Ln  
 City Roanoke State VA Zip Code 24018-8065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer carilion professional services Occupation coordinator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2016  
**Transaction ID : CE6B71782888499DAA38**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	835.00
<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 18 OF 56
	<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. Kristie J. Hoch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 69 Main Rd S  
 City Hampden State ME Zip Code 04444-1301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Maine Medical Ctr Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 21 / 2016  
**Transaction ID : 5B8C8D38A65A418BB76F**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kristie J. Hoch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 69 Main Rd S  
 City Hampden State ME Zip Code 04444-1301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eastern Maine Medical Ctr Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 02 / 21 / 2016  
**Transaction ID : F5662648FAEA4BB2B12E**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Jessica M. Hoffmaster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 368 N Bergamont Blvd  
 City Oregon State WI Zip Code 53575-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Mary's Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2016  
**Transaction ID : 4482FCDD82904AA1A12D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 19 OF 56
	<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. Sharon E. Hollenkamp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2406 34th St S  
 City Saint Cloud State MN Zip Code 56301-5864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self employed 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  
 02 / 29 / 2016  
**Transaction ID : 682131BD-0407-4F12-**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Anne M. Hranchook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29190 Riverbank St  
 City Harrison Twp State MI Zip Code 48045-1633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oakland University-Beaumont Graduate P CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 11325083-FAB4-4127-**  
 Amount of Each Receipt this Period  
 600.00  
 Memo Item

**C. Benjamin T. Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 W Marshall St  
 City Falls Church State VA Zip Code 22046-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Inova Fairfax Hospital CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 02 / 2016  
**Transaction ID : 1B1B8019AF9E4F3D9806**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 20 OF 56
	<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. Michael W. Humber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1816 Hardwood View Dr  
 City Birmingham State AL Zip Code 35242-7063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAB Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 1D4BC69EE7BA420F9440**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Darline K. Hurst**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18107 Roebling Ct  
 City Houston State TX Zip Code 77044-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MD ANDERSON Occupation Declined  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 68F2ACA9-0036-445C-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Alicia Ingram**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 McCarty Ln  
 City Campbellsburg State KY Zip Code 40011-7577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 6B4265FDB3BC42FEA3D2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 21 OF 56
	<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. Kathryn Jansky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9283 Kornbrust Dr  
 City Lone Tree State CO Zip Code 80124-5334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Group Health Cooperative Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 850.00

Date of Receipt 02 / 27 / 2016  
**Transaction ID : 7B0EE978138749EDA780**  
 Amount of Each Receipt this Period 850.00  
 Memo Item

**B. Lisa C. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15659 250th Ave  
 City Spirit Lake State IA Zip Code 51360-7313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickson County Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 0CBC8513-D6B6-4CEE-**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Andrew Charles Johnson-Cowley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6429 Josephine Ave  
 City Edina State MN Zip Code 55439-1422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Park Nicollet Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 25 / 2016  
**Transaction ID : F8F73F3C80014EBBB08D**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<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: PAGE 22 OF 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Phyllis B. Kantor**

Mailing Address 1905 Lee Way

City	State	Zip Code
Milpitas	CA	95035-9016

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

Name of Employer	Occupation
United Health Group	Nurse Anesthetist

Receipt For:	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	416.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2016

**Transaction ID : 463EAF8BC900486CC903**

Amount of Each Receipt this Period

208.33
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Karyn Karp**

Mailing Address 1078 Fryer Creek Dr

City	State	Zip Code
Sonoma	CA	95476-7574

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

Name of Employer	Occupation
Self	Nurse Anesthetist

Receipt For:	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2016

**Transaction ID : 4605BE8DDE1C85D69614**

Amount of Each Receipt this Period

210.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sandra Jean Keddy**

Mailing Address 363 Elm St

City	State	Zip Code
Concord	NH	03303-3322

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

Name of Employer	Occupation
Anesthesia Associates	CRNA

Receipt For:	Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : 42F9D5FB30984EFC9CD6**

Amount of Each Receipt this Period

250.00
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Memo Item

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

668.33
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 56
	<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. Sally Sibiski Kennedy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2307 Parkland Way  
 City Norman State OK Zip Code 73069-6536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 5D822354FBB44FE4BDDE**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Aggregate Year-to-Date 500.00

**B. Katrina Racquel Khani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2915 Lurting Ave  
 City Bronx State NY Zip Code 10469-4015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Sloan Kettering Cancer Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 02 / 25 / 2016  
**Transaction ID : 2BC2A553-2697-4A55-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Aggregate Year-to-Date 300.00

**C. Jimmy R. Kimball Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Twain Town Dr  
 City Knightdale State NC Zip Code 27545-7382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kimball Anesthesia Associates PLLC Occupation crna  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 02 / 24 / 2016  
**Transaction ID : FF4152D6E8CC4CED8B55**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Aggregate Year-to-Date 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 24 OF 56
	<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. Paul J. Kleinstiver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4725 Dover Rd  
 City Bloomfield Hills State MI Zip Code 48304-3628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Information Requested Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : 633327CB-EEB3-4341-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Nancy L. Knape**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 29th St  
 City Ogden State UT Zip Code 84403-0438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 13 / 2016  
**Transaction ID : 93B5FBFC-77BB-4567-**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Jeff F. Kopecky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 576 Rocky Rd  
 City Hood River State OR Zip Code 97031-9731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 07 / 2016  
**Transaction ID : BDB4A5409C0A4B67B5B8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 25 OF 56
	<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. Staci M. Kothbauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Hawk Feather Cir  
 City Madison State WI Zip Code 53717-2744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Wisconsin-Madison Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7033926DC99146A69220**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Loretta R. Krahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1706 Wilson Ct  
 City Saint Peter State MN Zip Code 56082-1190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation nurse anesthetist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 26EAD13C-875B-4C7E-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Rhonda M. Laxton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 266  
 City Alderson State WV Zip Code 24910-0266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greenbriar Valley Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1500.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : FE63450F18BC4327A950**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2050.00  
**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 26 OF 56
	<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. Steven R. Leach**  
Full Name (Last, First, Middle Initial)

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 University of Texas Medical Br Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.68**

Date of Receipt **02 / 17 / 2016**

**Transaction ID : 03CE47BC95964728BBC6**

Amount of Each Receipt this Period **250.00**

Memo Item

**B. Steven R. Leach**  
Full Name (Last, First, Middle Initial)

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 University of Texas Medical Br Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.68**

Date of Receipt **02 / 29 / 2016**

**Transaction ID : 430BBFC1794D33D6418F**

Amount of Each Receipt this Period **83.34**

Memo Item

**C. Lee A. Lecamu**  
Full Name (Last, First, Middle Initial)

Mailing Address 8317 Dorwood Dr

City Browns Summit State NC Zip Code 27214-9028

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

Name of Employer Salem Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 23 / 2016**

**Transaction ID : 582CA3F7-3823-4971-**

Amount of Each Receipt this Period **300.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>633.34</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 56
	<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 (Last, First, Middle Initial)  
**A. Jason P. Leggio**

Mailing Address 475 Main St  
Apt 11C

City New York State NY Zip Code 10044-0092

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

Name of Employer none disclosed Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2016

Transaction ID : **990B2B67B67D92D17E5**

Amount of Each Receipt this Period  
365.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Lyda B. Lohmeier**

Mailing Address 4830 Hickory St

City Omaha State NE Zip Code 68106-2516

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

Name of Employer TEAM HEALTH Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2016

Transaction ID : **198337D0-EA27-4D61-**

Amount of Each Receipt this Period  
300.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Patrick W. Loseth**

Mailing Address 2366 Rolling Hills Dr

City Clarkston State WA Zip Code 99403-1228

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

Name of Employer Self Employed Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : **F9326462-FC97-4228-**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	915.00
<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 28 OF 56
	<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. Rebecca L. Lucke**  
Full Name (Last, First, Middle Initial)

Mailing Address 5135 N Harborside Ct

City State Zip Code  
Wichita KS 67204-2370

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

Name of Employer Occupation  
Wesley Medical Center CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2016

**Transaction ID : A339D553773B45E3B527**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Rebecca L. Lucke**  
Full Name (Last, First, Middle Initial)

Mailing Address 5135 N Harborside Ct

City State Zip Code  
Wichita KS 67204-2370

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

Name of Employer Occupation  
Wesley Medical Center CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2016

**Transaction ID : 1249B6BE795F446B90BE**

Amount of Each Receipt this Period  
250.00

Memo Item

**c. Ian G. Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address 1411 S Ash St

City State Zip Code  
Spokane WA 99203-1001

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

Name of Employer Occupation  
PROVIDENCE MEDICAL GROUP CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2016

**Transaction ID : 3407C788-092A-47DA-**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<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 29 OF 56
	<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. Keith E. Macksoud**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1817 Old Louisquisset Pike  
 City Lincoln State RI Zip Code 02865-4516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sturdy Memorial Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2016  
**Transaction ID : 88CA5B4A19484681B8A1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Karen Sue Mahany**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1614  
 City Wheat Ridge State CO Zip Code 80034-1614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Anthony Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 29155170A7994A6090FA**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Lasonya D. Malbrough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10420 McKinley Dr Apt 2204  
 City Tampa State FL Zip Code 33612-6425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF SOUTH FLORIDA Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : CC54961BCCF3486FB77F**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 56
	<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. John J. Maloney**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box W  
103 Main Street

City Conyngham State PA Zip Code 18219-0527

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

Name of Employer Geisinger Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 29 / 2016  
Transaction ID : **0BACA888-1E4F-4FE3-**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. Derek Howard Martindale**  
Full Name (Last, First, Middle Initial)

Mailing Address 16506 Lookout Hollow Cir  
Apt 2315

City Selma State TX Zip Code 78154-3538

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

Name of Employer USAF Occupation Flight nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
02 / 18 / 2016  
Transaction ID : **AF2B0DD5-173A-482E-**

Amount of Each Receipt this Period  
365.00

Memo Item

**C. Dennis J. McKenna**  
Full Name (Last, First, Middle Initial)

Mailing Address 1309 Lake Bluff Ct

City Mount Pleasant State SC Zip Code 29466-8097

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

Name of Employer Medical University Hospital Authority Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 27 / 2016  
Transaction ID : **6303C39AD1004704A607**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	915.00
<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 31 OF 56
	<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. Tom L. McKibban**  
Full Name (Last, First, Middle Initial)

Mailing Address 3650 N Main St

City El Dorado State KS Zip Code 67042-8474

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

Name of Employer Mid America Anesthesia Professionals Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 4BB8802080DBDF428718**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Carroll K. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 1350 Westwood Ave Unit 208

City Richmond State VA Zip Code 23227-4631

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

Name of Employer Veterans Affairs Healthcare Administra Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 59EA5DC5-EB93-4F99-**

Amount of Each Receipt this Period 365.00

Memo Item

**C. Cyndia M. Mock**  
Full Name (Last, First, Middle Initial)

Mailing Address 2174 Acapulco Rd NE

City Rio Rancho State NM Zip Code 87144-5639

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

Name of Employer Presbyterian Rust Medical Center Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 8C6F6687ED9E4BF488C1**

Amount of Each Receipt this Period 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.00
<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 56
	<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. Robert Allan Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4739 Saddlebrook Dr

City Benbrook State TX Zip Code 76116-1448

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

Name of Employer SHC Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016

**Transaction ID : E3672DEC-05D6-4091-**

Amount of Each Receipt this Period  
 365.00

Memo Item

**B. Lisa J. Moreno**  
Full Name (Last, First, Middle Initial)

Mailing Address 1020 Calle Milagro Dr

City El Paso State TX Zip Code 79912-7520

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

Name of Employer Del Sol Medical Center Occupation 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  
 02 / 26 / 2016

**Transaction ID : F99C28327160493F879C**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Jeanette Nargi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1300 Idlewild Blvd

City Fredericksburg State VA Zip Code 22401-6632

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

Name of Employer Mary Washington Hospital Occupation 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  
 02 / 24 / 2016

**Transaction ID : F6BEB42C-4176-4FC9-**

Amount of Each Receipt this Period  
 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<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 33 OF 56
	<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. Eric Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1352  
 City Zillah State WA Zip Code 98953-1352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Toppenish Community Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 365.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : 2FC65505-E9BE-4484-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Van T. H. Nguyen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10564 N Seacrest Dr  
 City Fresno State CA Zip Code 93730-0846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VA Hosptial in Fresno Occupation CRNA feebase  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 73885DC8-44E1-418B-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**c. Mark G. Odden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17893 224th St  
 City Manchester State IA Zip Code 52057-8629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 375.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 1BD38F8F47F946BF8E90**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	790.00
<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 34 OF 56
	<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. Mark G. Odden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17893 224th St  
 City Manchester State IA Zip Code 52057-8629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 15 / 2016**  
**Transaction ID : 1CF8081AE5E54568A1B9**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Julie A. Pearson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 Ticino Ct  
 City New Bern State NC Zip Code 28562-8989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CarolinaEast Health System Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 25 / 2016**  
**Transaction ID : 4F918234CA90D9B23DC5**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Nicholas Arthur Perrenoud**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 943 Walnut Ave  
 City Redlands State CA Zip Code 92373-6633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 29 / 2016**  
**Transaction ID : FD0CD7DA-1EBE-4B7E-**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</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 35 OF 56							
	<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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**A. John Douglas Ramey**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 E Pradera Ct

City	State	Zip Code
Fort Worth	TX	76108-9595

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

Name of Employer	Occupation
Ramey Anesthesia Services PLLC	CRNA owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
02 / 26 / 2016  
**Transaction ID : A8E504EE2A0D45B78C62**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. John Douglas Ramey**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 E Pradera Ct

City	State	Zip Code
Fort Worth	TX	76108-9595

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

Name of Employer	Occupation
Ramey Anesthesia Services PLLC	CRNA owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
02 / 29 / 2016  
**Transaction ID : 42F2B5457A245C3E06EF**

Amount of Each Receipt this Period  
83.33

Memo Item

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

Mailing Address 2515 Oakleaf Cir

City	State	Zip Code
Helena	AL	35022-7240

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

Name of Employer	Occupation
Children's of Alabama	CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
02 / 18 / 2016  
**Transaction ID : 545B9609C2194D3682FF**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583.33

**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 36 OF 56
	<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. Heather J. Rankin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2515 Oakleaf Cir  
 City Helena State AL Zip Code 35022-7240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's of Alabama Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 375.00

Date of Receipt 02 / 18 / 2016  
**Transaction ID : C13744F1EAEF4284B959**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Jo R. Reid**  
 Full Name (Last, First, Middle Initial)  
 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 Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 14 / 2016  
**Transaction ID : DB2831084F4949409BB2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Gerald M. Rice**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49537 Crusader Dr  
 City Macomb State MI Zip Code 48044-1735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MCLAREN PORT HURON Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 300.00

Date of Receipt 02 / 17 / 2016  
**Transaction ID : 73028E6A-E8A5-49FD-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<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 37 OF 56
	<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. Jonathan Dru Riddle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 Silver Canyon Dr  
 City Fort Worth State TX Zip Code 76108-9612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Christian University Occupation Assistant Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2016  
**Transaction ID : FC20F29EAADC4D8288C2**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Scott W. Rigdon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 Triple Tree Rd  
 City Bozeman State MT Zip Code 59715-7821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grants Pass Community Based Outpatient Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : A85E0733EC2645A38096**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Anne M. Rodman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 295 E Valley Forge Rd  
 City King Of Prussia State PA Zip Code 19406-2032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albert Einstein Health Care Network Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 125DFEAF-A148-49BC-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**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 38 OF 56
	<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. Jenine C. Salisbury**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 Horizon Farms Dr  
 City Warwick State NY Zip Code 10990-2260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Anthony Community Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 2930AEF3-E603-43F0-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Robyn Seaburg-Odlaug**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2616 171st Ave SE  
 City Bellevue State WA Zip Code 98008-5527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Washington Medical Cente Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2016  
**Transaction ID : BC4803E503EE4023BB56**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. G. Dwayne Self**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 Sanctuary Ln  
 City Canton State MS Zip Code 39046-6601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of MS Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 54B5C14047C34A4AA56E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 39 OF 56
	<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. Ron S. Seligman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3532 Salem Dr

City Rochester Hills State MI Zip Code 48306-2943

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

Name of Employer Anesthesia Staffing Consultants Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 21 / 2016  
Transaction ID : **BDE56F9060EF451B9001**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Scott K. Shaffer**  
Full Name (Last, First, Middle Initial)

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 Self/Monarch Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
02 / 23 / 2016  
Transaction ID : **45E681D9129C4A415FD5**

Amount of Each Receipt this Period  
208.33

Memo Item

**C. Jacqueline Shatlova**  
Full Name (Last, First, Middle Initial)

Mailing Address 2265 Gerritsen Ave Apt 5B

City Brooklyn State NY Zip Code 11229-5642

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

Name of Employer NAPA Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
02 / 19 / 2016  
Transaction ID : **E4483A5E-9EE3-41FF-**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1008.33
<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 40 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Rose Ann M. Shrum</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2016 <b>Transaction ID : 0B1B9B82-FEDC-4692-</b>
Mailing Address 4402 Oaklawn Dr		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
City Joplin	State MO	
Zip Code 64804-5245		FEC ID number of contributing federal political committee. C
Name of Employer Freemanhealth Care	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Jo Traurig Sineath</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2016 <b>Transaction ID : 9A268E17EF774CBCA8BE</b>
Mailing Address 5265 Silver Creek Dr SW		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
City Lilburn	State GA	
Zip Code 30047-5359		FEC ID number of contributing federal political committee. C
Name of Employer Emory University Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Kandi T. Smith</b>		Date of Receipt MM / DD / YYYY 02 / 26 / 2016 <b>Transaction ID : 9FDC7A65F6854464A4EB</b>
Mailing Address 816 E Pradera Ct		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
City Fort Worth	State TX	
Zip Code 76108-9595		FEC ID number of contributing federal political committee. C
Name of Employer North Star Anesthesia	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.33	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 41 OF 56
	<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. Stephen D. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 Stirling Glen Ct  
 City Alpharetta State GA Zip Code 30004-8840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Georgia Anesthesia LLC Occupation Certified Registered Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : EC35C4D921CF4E4B8795**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Cheryl A. Spulecki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 72 Old Orchard Ln  
 City Orchard Park State NY Zip Code 14127-4633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Buffalo Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2016  
**Transaction ID : 27D18C8B0E32482C9AD7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Yvonne Kristen Starnes-Ott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6901 Bertner Ave School of Nursing Room 664  
 City Houston State TX Zip Code 77030-3901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UT Health Science Center at Houston Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : 9153C3A1F76F48DABC43**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<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 42 OF 56
	<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. Jenna R. Steege**  
Full Name (Last, First, Middle Initial)

Mailing Address 6266 Fairway Dr NW

City Rochester State MN Zip Code 55901-5929

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

Name of Employer Mayo Clinic Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.83

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 8042D551FA7C4E6A8580**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Jenna R. Steege**  
Full Name (Last, First, Middle Initial)

Mailing Address 6266 Fairway Dr NW

City Rochester State MN Zip Code 55901-5929

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

Name of Employer Mayo Clinic Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.83

Date of Receipt 02 / 28 / 2016  
**Transaction ID : 4875BCFC4D256569FD22**

Amount of Each Receipt this Period 20.83

Memo Item

**C. Annette N. Storm**  
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Brentwood Dr

City Columbia State SC Zip Code 29206-2869

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

Name of Employer Palmetto Richland Hospital Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 63D61473-BB2D-4B2B-**

Amount of Each Receipt this Period 250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	520.83
<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 56
	<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. Michael Storm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1420 Brentwood Dr  
 City Columbia State SC Zip Code 29206-2869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Palmetto Health Richland Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 16942096-F52F-4D01-**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Neil Lee Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 243 Blake Ct  
 City Springfield State IL Zip Code 62711-5606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Springfield clinic Occupation Staff CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2016  
**Transaction ID : 4D24BC07DE16F730E7AE**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Douglas Toulouse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7703 Baughman Dr  
 City Amarillo State TX Zip Code 79121-1702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lonestar Anesthesia Consultants Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 11 / 2016  
**Transaction ID : 1213EB8D-2345-4120-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.00
<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 44 OF 56
	<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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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. Maria M. Van Pelt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Nash St  
 City Westborough State MA Zip Code 01581-3606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MGH Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 2C3367ABF7044740B657**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Donna I. Vierthaler**  
 Full Name (Last, First, Middle Initial)  
 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 Via Christi St Francis Hosp Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 750.00

Date of Receipt 02 / 15 / 2016  
**Transaction ID : 957E4B21A35B43749F21**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**c. Mark G. Vojtko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 Miller Pond Rd  
 City Grantham State NH Zip Code 03753-3015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DHMC Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 365.00

Date of Receipt 02 / 22 / 2016  
**Transaction ID : A7CAA448-DE8B-4BAC-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	740.00
<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 45 OF 56
	<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. Tammy J. Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4907 Lesley Ln  
 City Texarkana State TX Zip Code 75503-0058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTHSTAR Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 13 / 2016  
**Transaction ID : EDAA1F32-0A68-4A49-**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Matthew G. Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1502 E 17th St  
 City Sweetwater State TX Zip Code 79556-1734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 24 / 2016  
**Transaction ID : 4CFC8B5A-3510-4E92-**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Kathryn W. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 Harriet Ave  
 City Shoreview State MN Zip Code 55126-3918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Minnesota Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.82

Date of Receipt 02 / 27 / 2016  
**Transaction ID : FEB98FBC5ABA476485EC**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<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 46 OF 56
	<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. Kathryn W. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 Harriet Ave  
 City Shoreview State MN Zip Code 55126-3918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Minnesota Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **460.82**

Date of Receipt **02 / 27 / 2016**  
**Transaction ID : 290FA07DFB5E463CA269**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item

**B. Lachelle J. Wieme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7136 Valley Dr SW  
 City Byron State MN Zip Code 55920-4401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 22 / 2016**  
**Transaction ID : B3F3CECB7B5F4C8BA63F**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Dennis J. Woods**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 Road 3950  
 City Farmington State NM Zip Code 87401-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self employed Occupation crna  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 23 / 2016**  
**Transaction ID : 8782A208-8342-41B8-**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1450.00</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 47 OF 56
	<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 (Last, First, Middle Initial)  
**A. Steven D. Ydstie**

Mailing Address 10 Camden Ct

City North Mankato State MN Zip Code 56003-4246

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

Name of Employer Mankato Anesthesia Associates Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2016  
**Transaction ID : EC8A90C80ECE4053B12D**

Amount of Each Receipt this Period  
 365.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Rachel L. Zuroick**

Mailing Address 266 Maple Point Dr

City Langhorne State PA Zip Code 19047-1452

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

Name of Employer Middletown anesthesia Occupation Crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2016  
**Transaction ID : F6C8701F-BD70-4DA9-**

Amount of Each Receipt this Period  
 365.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Kimberly S. Zwegardt**

Mailing Address PO Box 921

City Saint Francis State KS Zip Code 67756-0921

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

Name of Employer self-employed Occupation crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : EB551763-81DD-430C-**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1230.00
<b>TOTAL</b> This Period (last page this line number only).....	41051.48

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

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

FOR LINE NUMBER:  
(check only one)

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

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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. Alamo PAC**

Mailing Address 919 Congress Avenue  
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name  
**Alamo PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : 2676F87537E69AD8836

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Brady for Congress**

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name  
**Kevin Patrick Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

Transaction ID : 01AF1E4EF8FE2A9B701

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Byrne for Congress**

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name  
**Bradley Roberts Byrne**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: AL District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

Transaction ID : A42497FB1B9879CD6B4

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Cicilline Committee**

Mailing Address One Park Row, Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**David Nicola Cicilline**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

**Transaction ID : 3F66542F2933B145762**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic National Convention Committee 2016**

Mailing Address 430 S Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Democratic National Convention Committee 2016**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

**Transaction ID : 2D5A31208F22779E3D5**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement  
2016 General

011

Candidate Name

**David Patrick Joyce**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

**Transaction ID : 7CE6FD5FAC3A46169D9**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

22500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 John McCain Inc**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 General

011

Candidate Name

**John Sidney McCain III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : B8AED4758D0C797F39

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**Mark Robert Warner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : DD06C4F5510BA448757

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Sam Johnson**

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Samuel Robert Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

Transaction ID : 1AAAA76A72F16320EFA

Amount of Each Disbursement this Period

2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

**Transaction ID : 1913F566B0AEE92F640**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Susan Brooks**

Mailing Address 9425 N Meridian St  
# 237

City Indianapolis State IN Zip Code 46260-1308

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Susan W. Brooks**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

**Transaction ID : 7F236D2052C3B6E851E**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Raymond Eugene Green**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : FA32EF84EE9D2A22264**

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304-1000

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name

**Charles E. Grassley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

/  /

**Transaction ID : 8E5456BA3530825D27F**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Steny Hamilton Hoyer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

/  /

**Transaction ID : CA39DF57760BEF1C668**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kathleen Rice for Congress**

Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Kathleen Maura Rice**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

/  /

**Transaction ID : CF78101FEE0862EC4BF**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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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. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2016 General

011

Candidate Name

**Renee L. Ellmers**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2016

**Transaction ID : D4CF635134A511933E5**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican National Committee**

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Contribution

011

Candidate Name

**Republican National Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District: Contribution

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

**Transaction ID : 64E949607F7A55950A6**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Rodney for Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
2016 General

011

Candidate Name

**Rodney Lee Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 13

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

**Transaction ID : A375F5CF93E977C45E3**

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

22500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Schakowsky for Congress**

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Janice D. Schakowsky**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : 5BC5F08E5D8D0323016

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Patrick Joseph Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : 71C22CAEF438959B62E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Vicky Hartzler for Congress**

Mailing Address PO Box 531

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Vicky Jo Hartzler**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 04

Date of Disbursement

MM / DD / YYYY  
02 / 10 / 2016

Transaction ID : 7AC2C43454785C9952F

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

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

87500.00

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

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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. Ada County Lincoln Day Association**

Mailing Address Po Box 2203

City Boise State ID Zip Code 83701

Purpose of Disbursement  
Nonfederal Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2016

Transaction ID : 8959F5505676E8D2FA6

Amount of Each Disbursement this Period

1000.00

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

M M / D D / Y Y Y Y Y Y

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00

1000.00