

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

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

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

C00173153 **3. IS THIS REPORT** **X** **NEW (N)** **OR** **AMENDED (A)**

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	X	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)	Election on	09	10	2002	in the State of NH
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on				in the State of

5. Covering Period **07 18 2002** through **08 21 2002**

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

Type or Print Name of Treasurer **William Yeo**
 Signature of Treasurer **Electronically Filed by William Yeo** Date **08 29 2002**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Association of Nurse Anesthetists Separate Segregated Fund

Report Covering the Period: From: ^{Month} 07 ^{Day} 18 ^{Year} 2002 To: ^{Month} 08 ^{Day} 21 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		373108.05
(b) Cash on Hand at Beginning of Reporting Period	458444.15	
(c) Total Receipts (from Line 19)	77025.81	480003.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	535469.96	853111.15
7. Total Disbursements (from Line 30)	39968.05	357609.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	495501.91	495501.91
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Association of Nurse Anesthetists Separate Segregated Fund

Report Covering the Period: From: ^{MM}07 ^{DD}18 ^{YYYY}2002 To: ^{MM}08 ^{DD}21 ^{YYYY}2002

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)	16904.00	
(ii) Unitemized	60103.58	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	77007.58	479876.60
(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 32, page 4)	77007.58	479876.60
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 36, page 4)	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.)	18.23	126.50
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	77025.81	480003.10
20. Total Federal Receipts (subtract Line 18 from Line 19)	77025.81	480003.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	797.50	48870.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	797.50	48870.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38651.04	289170.20
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	519.51	19568.67
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	39968.05	357609.24
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	39968.05	357609.24
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	77007.58	479876.60
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	77007.58	479876.60
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	797.50	48870.37
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	797.50	48870.37

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 / 46

11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Kent A Fair

Mailing Address

4201 Westwood Dr Apt 13

City

State

Zip Code

Mount Vernon

IL

62864-7008

Date of Receipt

N M / D E / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

St. Mary's Gd Sem eg Hos

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10554685

Full Name (Last, First, Middle Initial)

B. Danna Fugitt

Mailing Address

2510 Noel Avenue

City

State

Zip Code

Midland

TX

79705-3335

Date of Receipt

N M / D E / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer

West Texas Anesthesia

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10554792

Full Name (Last, First, Middle Initial)

C. Pamela K Sporing

Mailing Address

3120 Prairie Ave

City

State

Zip Code

Mattoon

IL

61938-2204

Date of Receipt

N M / D E / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

SBLHC

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10555012

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Robyn L Lyemance

Mailing Address

2621 Greyakby Court

City

Charlotte

State

NC

Zip Code

28270-1303

Date of Receipt

N M / D E / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Carolinas Medical Center

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10555123

Full Name (Last, First, Middle Initial)

B. Lori R Anderson

Mailing Address

10415 Auburn Road

City

Winnebago

State

IL

Zip Code

61088-8748

Date of Receipt

N M / D E / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Aurora Anesthesia Assoc

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10555257

Full Name (Last, First, Middle Initial)

C. Katherine A Jones

Mailing Address

22643 Westbridge Ct

City

Estero

State

FL

Zip Code

33928-2343

Date of Receipt

N M / D E / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10555282

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 46

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Karen N Diaz

Mailing Address

167 E Moody Ave

City

State

Zip Code

Fresno

CA

93720-1508

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10555286

Full Name (Last, First, Middle Initial)

B. Isabel Silva Chateau

Mailing Address

16208 White Creek Cove

City

State

Zip Code

Austin

TX

78717-3002

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10554847

Full Name (Last, First, Middle Initial)

C. Jerry W Saville

Mailing Address

3200 Fairway Oaks Lane

City

State

Zip Code

Longview

TX

75005-2855

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer
Longview Ambulatory (LASC)

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10554808

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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

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

Use separate schedule(s)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Nancy S Gondinger

Mailing Address

7218 Parkridge Circle

City

State

Zip Code

Lincoln

NE

68516-4397

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer

St. Elizabeth Regional Medical Center

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10554621

Full Name (Last, First, Middle Initial)

B. Terry C Wickus

Mailing Address

PO Box 910

111 Windsor Street

City

State

Zip Code

Rutherford College

NC

28671-0910

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer

Catawba Memorial Hospital

Occupation

cma

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 10554977

Full Name (Last, First, Middle Initial)

C. CDR Judi Jo Rogers

Mailing Address

705 Treetop Lane

City

State

Zip Code

Chesapeake

VA

23320-6878

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer

USNavy

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Transaction ID: 10555022

SUBTOTAL of Receipts This Page (optional) ▶ **425.00**

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

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

Use separate schedule(s)
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(check only one)

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11a 11b 11c 12
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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Edward T Muncie

Mailing Address

2313 Phillips

City

State

Zip Code

Berkley

MI

48072-1028

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer
Genays Medical Hospital

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10555275

Full Name (Last, First, Middle Initial)

B. Jonna L Rice

Mailing Address

Rt 2 - Box 484

City

State

Zip Code

Point Pleasant

WV

25550

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
NAPS Incorporated

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10555224

Full Name (Last, First, Middle Initial)

C. Thomas G Smith

Mailing Address

870 Kaseville Road

City

State

Zip Code

Darville

PA

17821-9108

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Bloomsburg Hospital

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10554857

SUBTOTAL of Receipts This Page (optional) ▶

325.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 46	
	<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

Full Name (Last, First, Middle Initial)
A. Walter G Shearer

Mailing Address
461 Hunting Drive

City State Zip Code
Rutherfordton NC 28139-8074

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rutherford Hospital CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 375.00

Transaction ID: 10554666

Full Name (Last, First, Middle Initial)
B. CPT Marilyn K Erickson

Mailing Address
13001 Elmore Road

City State Zip Code
Anchorage AK 99516-2907

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alaska Surgery Ctr CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: 10554558

Full Name (Last, First, Middle Initial)
C. Ronald D Taylor

Mailing Address
20 North Church Drive

City State Zip Code
Hardy VA 24101-2848

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Franklin Memorial Hospital CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: 10554730

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 46	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Caswell Smith Arnold

Mailing Address
6001 Fordland Drive

City State Zip Code
Raleigh NC 27606-4476

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
55.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NC Specialty Hospital - Durham CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 205.00

Transaction ID: 10554844

Full Name (Last, First, Middle Initial)
B. Randall J Ryan Sr

Mailing Address
688 Glenway Drive

City State Zip Code
Hamilton OH 45013-3560

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ft. Hamilton Hospital CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: 10554988

Full Name (Last, First, Middle Initial)
C. Rancee R Shelar

Mailing Address
1755 Trowman Way

City State Zip Code
Emporia KS 68801-5837

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
199.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 398.00

Transaction ID: 10554989

SUBTOTAL of Receipts This Page (optional) ▶ **354.00**

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

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

Use separate schedule(s)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Catherine M Archer

Mailing Address

143 Brittany Drive

City

State

Zip Code

Gray

TN

37615-4848

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
self

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10555072

Full Name (Last, First, Middle Initial)

B. Frank T Mazierski

Mailing Address

2328 North 186th Street

City

State

Zip Code

Shoreline

WA

98133-4200

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
SELF

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 10554497

Full Name (Last, First, Middle Initial)

C. Donna H St Plene

Mailing Address

43 Paradise Lake Rd POB #385

City

State

Zip Code

Monson

MA

01057-0365

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 5 / 2 0 0 2

Amount of Each Receipt this Period

55.00

FEC ID number of contributing
federal political committee.

Name of Employer
self

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Transaction ID: 10554539

SUBTOTAL of Receipts This Page (optional) ▶ **355.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 46	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Aimee M Joseph

Mailing Address
10671 NE Quaybridge Ct

City State Zip Code
Miami Shores FL 33138-2212

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 10555481

Full Name (Last, First, Middle Initial)
B. Leigh B Gushea

Mailing Address
PO Box 580630

City State Zip Code
Montverde FL 34756-0630

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Veterans Hospital Occupation
CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 10555482

Full Name (Last, First, Middle Initial)
C. Donna M Karczewski

Mailing Address
226 East Treehaven Road

City State Zip Code
Cheektowaga NY 14215-1411

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer State University of New York at Buffalo Occupation
CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 10555028

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Karyn B Karp

Mailing Address

327 W Thomson Ave

City

State

Zip Code

Sonoma

CA

95476-4365

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period

305.00

FEC ID number of contributing
federal political committee.

Name of Employer
WAHIAWA HOSP

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Transaction ID: 10555041

Full Name (Last, First, Middle Initial)

B. Frederick M Cardinal

Mailing Address

1318 Lakeview Drive

City

State

Zip Code

Colfax

CA

95713-9760

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Kaiser Permanente

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10555043

Full Name (Last, First, Middle Initial)

C. Norma H Lande

Mailing Address

2122 Erickman Lane

City

State

Zip Code

Xenia

OH

45385-8918

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
ANS INC

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10554728

SUBTOTAL of Receipts This Page (optional) ▶ **505.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 46	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Edward J Den Braven

Mailing Address
1808 Cates Road
City State Zip Code
Mays Landing NJ 08330-3605

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Atlantic City Medical Center Occupation CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10554742

Full Name (Last, First, Middle Initial)
B. Kenneth Kane

Mailing Address
PO Box 3111
City State Zip Code
Vista CA 92085-3111

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer South Coast Anesthesia Occupation CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: 10554848

Full Name (Last, First, Middle Initial)
C. Donald Underwood

Mailing Address
950 Parkmont Circle West
City State Zip Code
Mobile AL 36606-4346

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2002

Amount of Each Receipt this Period
255.00

FEC ID number of contributing federal political committee.

Name of Employer LV Stabler Memorial Hospital Occupation CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 805.00

Transaction ID: 10554896

SUBTOTAL of Receipts This Page (optional) ▶ **405.00**

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

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

Use separate schedule(s)
or each category of the
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(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Lisa Elbert Pulver

Mailing Address

3300 Walnut Ave

City

Manhattan Beach

State

CA

Zip Code

90266-3552

Date of Receipt

N M / D E / Y Y Y Y
08 / 06 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Elbert Anesthesia

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10555104

Full Name (Last, First, Middle Initial)

B. William A Barron

Mailing Address

PO Box 49

City

Hadley

State

MI

Zip Code

48440-0049

Date of Receipt

N M / D E / Y Y Y Y
08 / 07 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
William A. Barron Anesthesia

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 10554712

Full Name (Last, First, Middle Initial)

C. Elizabeth A Hewett

Mailing Address

PO Box 846

City

Cameron

State

TX

Zip Code

78520-0846

Date of Receipt

N M / D E / Y Y Y Y
08 / 07 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Retired

Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10554834

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Stephen D Parter

Mailing Address

PO Box 2082

City

State

Zip Code

Carson City

NV

89702-2082

Date of Receipt

N M / D E / Y Y Y Y
08 / 07 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: 10554575

Full Name (Last, First, Middle Initial)

B. Wanda O Wilson

Mailing Address

621 Mehring Way Apt 17D6

City

State

Zip Code

Cincinnati

OH

45202-3531

Date of Receipt

N M / D E / Y Y Y Y
08 / 08 / 2002

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer
University Hospital/Anesthesia Ass-
oc.

Occupation

Program Director

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Transaction ID: 10554603

Full Name (Last, First, Middle Initial)

C. Beta M Wilquist

Mailing Address

703 Willowbend Drive

City

State

Zip Code

Blue Bell

PA

19422-4203

Date of Receipt

N M / D E / Y Y Y Y
08 / 08 / 2002

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer
Lankenau Hospital

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: 10554675

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 46	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Linda M Bailey

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

Mailing Address
40389 Loro Place

City State Zip Code
Fremont CA 94539-3033

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Keiser Foundation Hospital CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 800.00

Transaction ID: 10554726

B. Full Name (Last, First, Middle Initial)
Robert J Beck

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

Mailing Address
PO Box 1882

City State Zip Code
Silver City NM 86062-1882

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: 10554729

C. Full Name (Last, First, Middle Initial)
Nan L Ward

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

Mailing Address
8 Elan Lane

City State Zip Code
Wayne PA 19087-5714

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Anesthetic Anesthesia Services CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10554734

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 46	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Carole A Cooper

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

Mailing Address
1657 Vintage Ridge Court

City State Zip Code
Tallahassee FL 32312-4047

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ANESTHESIA ASSOC CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10554737

Full Name (Last, First, Middle Initial)
B. Bonnie J Mackin

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

Mailing Address
1511 Old Alvin Road

City State Zip Code
Pearland TX 77581-3005

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10554794

Full Name (Last, First, Middle Initial)
C. Patrick E Quinn

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

Mailing Address
1126 Links Rd

City State Zip Code
Surfside Beach SC 29575-5807

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Strand Anes Counsel CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 10554819

SUBTOTAL of Receipts This Page (optional) ▶ **225.00**

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

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

Use separate schedule(s)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Don L Hill

Mailing Address

828 Rio Grande Dr

City

State

Zip Code

Mission

TX

78572-7437

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Refused

Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: 10554837

Full Name (Last, First, Middle Initial)

B. Eddie R Dunlap

Mailing Address

1404 Shady Lane

City

State

Zip Code

Decatur

TX

76234

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation

CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10554936

Full Name (Last, First, Middle Initial)

C. Karen L Nelson

Mailing Address

9512 Dallas Hollow Road

City

State

Zip Code

Soddy

TN

37379-3902

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer
Anesthesiologists Associated

Occupation

CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10554940

SUBTOTAL of Receipts This Page (optional) ▶

325.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 46	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Larry J Pete

Mailing Address
16 Waverly Way

City State Zip Code
Houma LA 70360-7936

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Chaibert Medical Center CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: 10554963

Full Name (Last, First, Middle Initial)
B. Michael G Pryor

Mailing Address
3537 E Kayenta Court

City State Zip Code
Phoenix AZ 85044-3435

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: 10555009

Full Name (Last, First, Middle Initial)
C. Kenneth J Stieldand

Mailing Address
896 E Rand Rd #165

City State Zip Code
Arlington Heights IL 60004-6448

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ideal Anesthesia Services CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10555102

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s)
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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Brigid M Weber

Mailing Address

1021 Tulane Street

City

Houston

State

TX

Zip Code

77008-4143

Date of Receipt

MM / DD / YYYY
08 / 08 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
MD Anderson Hospital

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: 10555111

Full Name (Last, First, Middle Initial)

B. Linda J Scramstad

Mailing Address

511 38th Avenue South

City

Grand Forks

State

ND

Zip Code

58201-7680

Date of Receipt

MM / DD / YYYY
08 / 08 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Altra Health Systems

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10555129

Full Name (Last, First, Middle Initial)

C. Joseph F Gall

Mailing Address

327 Oaks Dr

City

Birmingham

State

AL

Zip Code

35209-6979

Date of Receipt

MM / DD / YYYY
08 / 08 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Anesthesia Resource Management

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10555283

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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

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

Use separate schedule(s)
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(check only one)

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11a 11b 11c 12
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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Karen J Htesman

Mailing Address

1530 Prospect St

City

State

Zip Code

Bethlehem

NH

03574

Date of Receipt

N M / D E / Y Y Y Y
08 / 08 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer

Appalachian Regional Hospital, Ha-
zard.

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 10555164

Full Name (Last, First, Middle Initial)

B. Kathleen M Fear

Mailing Address

6800 Kiowa Trace NE

City

State

Zip Code

Cedar Rapids

IA

52411-7726

Date of Receipt

N M / D E / Y Y Y Y
08 / 08 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer

Self

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 10555314

Full Name (Last, First, Middle Initial)

C. Karan Post

Mailing Address

4722 N Eden Ct

City

State

Zip Code

Indianapolis

IN

46254-2108

Date of Receipt

N M / D E / Y Y Y Y
08 / 08 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Self

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10554559

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 46

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Lisa C Dugan

Mailing Address

77 Dugan Lane

City

State

Zip Code

Troy

MO

63379-2015

Date of Receipt

08 / 08 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer
SELF

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10554573

Full Name (Last, First, Middle Initial)

B. Lynn H Jones

Mailing Address

PO Box 1404

City

State

Zip Code

Madison

TN

37115

Date of Receipt

08 / 08 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Northcrest Medical Center

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10554594

Full Name (Last, First, Middle Initial)

C. Kathleen Keegan

Mailing Address

6400 Sassafras Ln

City

State

Zip Code

Raleigh

NC

27814-9210

Date of Receipt

08 / 08 / 2002

Amount of Each Receipt this Period

75.00

FEC ID number of contributing federal political committee.

Name of Employer
Self Employed

Occupation
Nurse Anesthetist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: 10554624

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 46

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Judith E Thomas

Mailing Address

113 Pheasant Drive

City

State

Zip Code

Countryside

IL

60525-3977

Date of Receipt

M / D / Y
08 / 08 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Children's Memorial Hospital

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10554801

Full Name (Last, First, Middle Initial)

B. David L Mayas

Mailing Address

331 State Street

City

State

Zip Code

Bay Saint Louis

MS

39520-4433

Date of Receipt

M / D / Y
08 / 08 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 10554883

Full Name (Last, First, Middle Initial)

C. Rosalyn T Gooch

Mailing Address

17038 Amy Lane

City

State

Zip Code

Flint

TX

75762-9128

Date of Receipt

M / D / Y
08 / 12 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
Trinity Mother Francis Hospital

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: 10554880

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. John D Berg

Mailing Address

5415 W Fisk Avenue

City

State

Zip Code

Oshkosh

WI

54904-6825

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10554779

Full Name (Last, First, Middle Initial)

B. Scott A Swallows

Mailing Address

1045 Kingsway Lane

City

State

Zip Code

Tarpon Springs

FL

34689

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
self-employed

Occupation

Nurse Anesthetist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 10554941

Full Name (Last, First, Middle Initial)

C. Jim Armstrong

Mailing Address

2848 Kingsbury Drive

City

State

Zip Code

Rocky River

OH

44116-3221

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

55.00

FEC ID number of contributing
federal political committee.

Name of Employer
Westgate Medical Anesthesia Group

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Transaction ID: 10555020

SUBTOTAL of Receipts This Page (optional) ▶ **405.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 46

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Carol Peterson

Mailing Address

3611 Underwood

City

State

Zip Code

Houston

TX

77025-1905

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Transaction ID: 10555029

Full Name (Last, First, Middle Initial)

B. Robert J Colcord

Mailing Address

58508 Cxbow Drive

City

State

Zip Code

Elkhart

IN

46516-6250

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

105.00

FEC ID number of contributing
federal political committee.

Name of Employer
Great Lakes Anesthesia

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Transaction ID: 10555115

Full Name (Last, First, Middle Initial)

C. Lisa M Loerlein

Mailing Address

16412 Riverside

City

State

Zip Code

Livonia

MI

48154-2409

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

210.00

FEC ID number of contributing
federal political committee.

Name of Employer
self

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Transaction ID: 10555266

SUBTOTAL of Receipts This Page (optional) ▶

615.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 46	
	<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

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

A. Full Name (Last, First, Middle Initial)
Elton J Stribmer

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2002

Mailing Address
9428 Desert Willow Trail

City State Zip Code
Highlands Ranch CO 80126

Amount of Each Receipt this Period
55.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Denver Health Authority CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 255.00

Transaction ID: 10555215

B. Full Name (Last, First, Middle Initial)
John V Leahy

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2002

Mailing Address
184 Ashley Drive

City State Zip Code
Franklinville NJ 08322-2687

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Presbyterian Medical Center CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: 10555332

C. Full Name (Last, First, Middle Initial)
Timothy J Wolf

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2002

Mailing Address
220 W 21st Street

City State Zip Code
Upland CA 91784-1412

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 10554521

SUBTOTAL of Receipts This Page (optional) ▶ **255.00**

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

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

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

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(check only one)

PAGE 29 / 46

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Ann J Rogers

Mailing Address

2785 Dobbin Road NW

City

State

Zip Code

Lebo

KS

66856-8304

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer

Emporia Anesthesia Associates, PA

Occupation

CRNA

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10554578

Full Name (Last, First, Middle Initial)

B. William G Lewis

Mailing Address

5125 Camino De Arena

City

State

Zip Code

Sierra Vista

AZ

85635-4689

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer

Self

Occupation

CRNA

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: 10554820

Full Name (Last, First, Middle Initial)

C. Linda E Moore

Mailing Address

4110 Stonebrook Farms Rd

City

State

Zip Code

Greensboro

NC

27406-9855

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 3 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer

CRNA 4U

Occupation

CRNA

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Transaction ID: 10554718

SUBTOTAL of Receipts This Page (optional) ▶ **1400.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 46

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Paul W Santora

Mailing Address

1804 Bluegrass Road

City

State

Zip Code

Rochester Hills

MI

48306

Date of Receipt

N M / D E / Y Y Y Y
08 / 13 / 2002

Amount of Each Receipt this Period

780.00

FEC ID number of contributing
federal political committee.

Name of Employer
Ambulatory Surgery Consultants

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Transaction ID: 10554917

Full Name (Last, First, Middle Initial)

B. Leslie Ann Jaber

Mailing Address

1244 Wildcliff Circle

City

State

Zip Code

Atlanta

GA

30329-3473

Date of Receipt

N M / D E / Y Y Y Y
08 / 13 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Preferred Anesthesia Services

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Transaction ID: 10555055

Full Name (Last, First, Middle Initial)

C. Dennis C Bless

Mailing Address

4904 W 58th Street

City

State

Zip Code

Edina

MN

55424-1820

Date of Receipt

N M / D E / Y Y Y Y
08 / 13 / 2002

Amount of Each Receipt this Period

750.00

FEC ID number of contributing
federal political committee.

Name of Employer
Fair View Southdale Hospital

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Transaction ID: 10555181

SUBTOTAL of Receipts This Page (optional) ▶

1680.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 46	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. John A Paju

Mailing Address
PO Box 1547
City: Ukiah State: CA Zip Code: 95482-0878

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2002

Amount of Each Receipt this Period
775.00

FEC ID number of contributing federal political committee.

Name of Employer: Worldwide Med/Bay Area Anesthesia Occupation: CRNA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 775.00

Transaction ID: 10554565

Full Name (Last, First, Middle Initial)
B. Van E Simpson

Mailing Address
4175 Browning Drive
City: St Joseph State: MI Zip Code: 49085-9531

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Sunset coast Anesth. Assoc Occupation: CRNA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 10554924

Full Name (Last, First, Middle Initial)
C. Walter F Orszelski

Mailing Address
1629 Stine Road
City: Peninsula State: OH Zip Code: 44264-9504

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: self Occupation: CRNA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Transaction ID: 10554561

SUBTOTAL of Receipts This Page (optional) ▶ **1225.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 46	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Paul W Santora

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2002

Mailing Address
1804 Bluegrass Road

City State Zip Code
Rochester Hills MI 48306

Amount of Each Receipt this Period
-80.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ambulatory Surgery Consultants CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 700.00

Transaction ID: 10554916

B. Full Name (Last, First, Middle Initial)
Hannah Cargill

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Mailing Address
158 Independence Drive

City State Zip Code
Roebuck SC 29376-3335

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Spartanburg Regional Med Ctr. CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 10554776

C. Full Name (Last, First, Middle Initial)
Elizabeth M Hajny

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Mailing Address
532 Newell Road

City State Zip Code
Danville IL 61832-7717

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Locum Tenens CRNA

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: 10554537

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 / 46	
	<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

Full Name (Last, First, Middle Initial)
A. Jay C Strickland

Mailing Address
8415 Old Hwy 31

City State Zip Code
Morris AL 35116-1232

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
510.00

Name of Employer Self	Occupation CRNA
--------------------------	--------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Transaction ID: 10555155

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	510.00
TOTAL This Period (last page this line number only)	▶	16904.00

**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)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Dave Hebert		Date of Disbursement 08 / 19 / 2002	
Mailing Address 7605 Ridgecrest Rd City: Alexandria State: VA Zip Code: 22308		Amount of Each Disbursement this Period 797.50	
Purpose of Disbursement reimbursement for fundraising expenses		DD3 Category/ Type	
Candidate Name		reimbursement for fundrai- sing expenses	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10447946	
State: District: 0			

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	797.50
TOTAL This Period (last page this line number only)	▶	797.50

**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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Tim Johnson for U.S. Senate		Date of Disbursement 12 / 03 / 2001	
Mailing Address 420 C St., NE, Lwr Lvl City State Zip Code Sioux Falls SD 57101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Funds Reported On <Enter Report Name Here> Candidate Name Mr. Tim Johnson		011 Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2000 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2000 General	[MEMO ITEM] Funds Reported On <Enter Report Name Here> Transaction ID: 10219848	
State: SD District: 2			

Full Name (Last, First, Middle Initial) B. Tim Johnson for U.S. Senate		Date of Disbursement 07 / 18 / 2002	
Mailing Address 420 C St., NE, Lwr Lvl City State Zip Code Sioux Falls SD 57101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Re-designated funds for trans. dated 12/		011 Category/ Type	
Candidate Name Mr. Tim Johnson	Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	[MEMO ITEM] Re-designated funds for trans. dated 12/3/2001 Transaction ID: 10219849
State: SD District: 2			

Full Name (Last, First, Middle Initial) C. Craig for Senate		Date of Disbursement 07 / 22 / 2002	
Mailing Address P.O. Box 2754 City State Zip Code Boise ID 83701		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name Larry E. Craig		011 Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10224094	
State: ID District: 1			

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Friends Of Duke Cunningham		Date of Disbursement 07 / 22 / 2002	
Mailing Address PO Box 40227 City State Zip Code San Diego CA 92164		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Randy 'Duke' Cunningham		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 51	Transaction ID: 10224070	

Full Name (Last, First, Middle Initial) B. A Lot of People Supporting Tom Daschle		Date of Disbursement 07 / 22 / 2002	
Mailing Address 424 C Street NE 1st floor City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Tom Daschle		Disbursement For: 2004 X Primary General Other (specify) ▼	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: SD District: 1	Transaction ID: 10224077	

Full Name (Last, First, Middle Initial) C. A Lot of People Supporting Tom Daschle		Date of Disbursement 07 / 22 / 2002	
Mailing Address 424 C Street NE 1st floor City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Tom Daschle		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: SD District: 1	Transaction ID: 10224078	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Freedom Project		Date of Disbursement 07 / 22 / 2002
Mailing Address P.O. Box 507 City Wt Chester State OH Zip Code 45071		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	011 Category/ Type
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Other Election	Transaction ID: 10224086
State: OH District: 0		

Full Name (Last, First, Middle Initial) B. Graves for Congress		Date of Disbursement 07 / 22 / 2002
Mailing Address 110 S. 10th Street City Tarkio State MO Zip Code 64481		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Sam Graves	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10224073
State: MO District: 6		

Full Name (Last, First, Middle Initial) C. Friends Of Congressman Tim Holden		Date of Disbursement 07 / 22 / 2002
Mailing Address 31 Pearl Street City Saint Clair State PA Zip Code 17970		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Tim Holden	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10224089
State: PA District: 8		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<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				

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

Full Name (Last, First, Middle Initial) A. Hollings for Senate		Date of Disbursement 07 / 22 / 2002
Mailing Address 110-B East Broad Street City Falls Church State VA Zip Code 22046		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Ernest F. Hollings	011 Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: SC District: 2	Transaction ID: 10224072	

Full Name (Last, First, Middle Initial) B. Mark Kennedy '02		Date of Disbursement 07 / 22 / 2002
Mailing Address P.O. Box 300 City Buffalo State MN Zip Code 55313		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Mark R. Kennedy	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MN District: 2	Transaction ID: 10224074	

Full Name (Last, First, Middle Initial) C. Friends Of Patrick J Kennedy		Date of Disbursement 07 / 22 / 2002
Mailing Address 89 Ravenswood Ave City Providence State RI Zip Code 02908		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name Patrick J. Kennedy	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: RI District: 18	Transaction ID: 10224081	

SUBTOTAL of Disbursements This Page (optional)	4000.00
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

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<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				

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

Full Name (Last, First, Middle Initial) A. Kilpatrick for Congress		Date of Disbursement 07 / 22 / 2002
Mailing Address 3223 Carter City Detroit State MI Zip Code 48208		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Carolyn Cheeks Kilpatrick		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10224083
State: MI District: 15		

Full Name (Last, First, Middle Initial) B. Friends Of Jerry Kleczka		Date of Disbursement 07 / 22 / 2002
Mailing Address 3288 S 9th St City Milwaukee State WI Zip Code 53215		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Gerald D. Kleczka		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10224080
State: WI District: 4		

Full Name (Last, First, Middle Initial) C. Mary Bono Committee		Date of Disbursement 07 / 22 / 2002
Mailing Address 520 S Grand Ave #700 City Los Angeles State CA Zip Code 90071		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Mary Bono		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10224071
State: CA District: 44		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<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				

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

Full Name (Last, First, Middle Initial) A. The Sensenbrenner Committee		Date of Disbursement 07 / 22 / 2002	
Mailing Address Attn: Carole Goeas 1707 Prince St, #6 City State Zip Code Alexandria VA 22314		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name F. James Sensenbrenner, Jr.		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 8	Transaction ID: 10224079	

Full Name (Last, First, Middle Initial) B. Shaheen For Senate		Date of Disbursement 07 / 22 / 2002	
Mailing Address Post Office Box 1803 City State Zip Code Concord NH 03302		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Jeanne Shaheen		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 0	Transaction ID: 10224084	

Full Name (Last, First, Middle Initial) C. Herseth For Congress		Date of Disbursement 07 / 22 / 2002	
Mailing Address P.O. Box 85352 City State Zip Code Sioux Falls SD 57118		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Stephanie Herseth		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: SD District: 0	Transaction ID: 10224088	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Ted Strickland For Congress		Date of Disbursement 07 / 25 / 2002	
Mailing Address PO Box 580 City Lucasville State OH Zip Code 45648		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name Ted Strickland		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10301188	
State: OH District: 8			

Full Name (Last, First, Middle Initial) B. RSVP Catering		Date of Disbursement 07 / 25 / 2002	
Mailing Address 2830 Prosperity Ave. City Fairfax State VA Zip Code 22031		Amount of Each Disbursement this Period 76.58	
Purpose of Disbursement food for Committee for Democratic Future Candidate Name		011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	food for Committee for Democratic Future breakfast Transaction ID: 10301188	
State: District: 0			

Full Name (Last, First, Middle Initial) C. Committee for a Democratic Future		Date of Disbursement 07 / 25 / 2002	
Mailing Address 1625 K Street, NW Suite 790 City Washington State DC Zip Code 20006		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Candidate Name		011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Other Election	Transaction ID: 10301167	
State: District: 0			

SUBTOTAL of Disbursements This Page (optional)	5076.58
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<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				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Committee for a Democratic Future		Date of Disbursement 07 / 25 / 2002	
Mailing Address 1625 K Street, NW Suite 790 City State Zip Code Washington DC 20008		Amount of Each Disbursement this Period 76.58	
Purpose of Disbursement Food items for breakfast event		[MEMO ITEM] food items for breakfast event	
Candidate Name _____		011 Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Other Election	Transaction ID: 10301189	
State: _____ District: 0			

Full Name (Last, First, Middle Initial) B. Craig for Senate		Date of Disbursement 07 / 29 / 2002	
Mailing Address P.O. Box 2754 City State Zip Code Boise ID 83701		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement _____		011 Category/ Type	
Candidate Name Larry E. Craig			
Office Sought: House X Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10319784	
State: ID District: 1			

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Date of Disbursement 07 / 31 / 2002	
Mailing Address 430 South Capital Street, SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 8750.00	
Purpose of Disbursement _____		011 Category/ Type	
Candidate Name _____			
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼ 2002 Other Election	Transaction ID: 10323040	
State: _____ District: 0			

SUBTOTAL of Disbursements This Page (optional) ▶	9750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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<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				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Pickering for Congress		Date of Disbursement 07 / 31 / 2002	
Mailing Address Route 7 P.O. Box 552 City: Laurel State: MS Zip Code: 39440		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Charles W. Pickering			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10323038	
State: MS District: 3			

Full Name (Last, First, Middle Initial) B. Bob Clement For United States Senate		Date of Disbursement 07 / 31 / 2002	
Mailing Address Post Office Box 22910 City: Nashville State: TN Zip Code: 37202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Bob Clement			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 10323422	
State: TN District: 2			

Full Name (Last, First, Middle Initial) C. Shelley Moore Capito For Congress		Date of Disbursement 08 / 19 / 2002	
Mailing Address 2 Comstock Place City: Charleston State: WV Zip Code: 25314		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Shelley Capito			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10447845	
State: WV District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Moran for Congress		Date of Disbursement 08 / 19 / 2002	
Mailing Address P.O. Box 1151 City Hays		State KS	Zip Code 67601
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. Jerry Moran		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KS District: 1	Transaction ID: 10447938		

Full Name (Last, First, Middle Initial) B. Dennis Moore for Congress		Date of Disbursement 08 / 19 / 2002	
Mailing Address P.O. Box 14631 City Shawnee Mission		State KS	Zip Code 66286
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00	
Candidate Name Dennis Moore		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KS District: 3	Transaction ID: 10447938		

Full Name (Last, First, Middle Initial) C. Mike Rogers For Congress		Date of Disbursement 08 / 19 / 2002	
Mailing Address 1304 Quintard Avenue City Anniston		State AL	Zip Code 36201
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. Michael Rogers		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AL District: 3	Transaction ID: 10447943		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<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				

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

Full Name (Last, First, Middle Initial) A. Majette For Congress Inc		Date of Disbursement 08 / 19 / 2002	
Mailing Address 755 Commerce Drive Suite 102 City Decatur State GA Zip Code 30030		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name Denise Majette		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 4	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10447940

Full Name (Last, First, Middle Initial) B. Klein Liquor & Wine		Date of Disbursement 08 / 21 / 2002	
Mailing Address 7524 W. 119th Street City Overland Park State KS Zip Code 66213		Amount of Each Disbursement this Period 74.48	
Purpose of Disbursement food for reception Candidate Name Dennis Moore		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10525188

Full Name (Last, First, Middle Initial) C. Stupak For Congress		Date of Disbursement 08 / 21 / 2002	
Mailing Address 4101 Michigan Shores Dr City Menominee State MI Zip Code 49858		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Candidate Name Bart Stupak		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10525185

SUBTOTAL of Disbursements This Page (optional)	1324.46
TOTAL This Period (last page this line number only)	38651.04

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

Use separate schedule(s)
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Detailed Summary Page

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<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

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

Full Name (Last, First, Middle Initial) A. American National Bank		Date of Disbursement 07 ^N / 31 ^M / 2002 ^Y
Mailing Address 33 North LaSalle St. City Chicago State IL Zip Code 60680		Amount of Each Disbursement this Period 419.51
Purpose of Disbursement credit card fees		DD1 Category/ Type credit card fees
Candidate Name		
Office Sought: House Senate President State: District: 0	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10585055

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	419.51
TOTAL This Period (last page this line number only)	▶	419.51