

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** C00173153
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
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 04 01 2006 through 06 30 2006

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 07 14 2006

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**

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		404578.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	504110.04									
(c) Total Receipts (from Line 19)	265786.80	531359.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	769896.84	935938.04								
7. Total Disbursements (from Line 31)	229664.89	395706.09								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	540231.95	540231.95								
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**

Write or Type Committee Name

American Association of Nurse Anesthetists Seperate Segregated Fund

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	106751.00	172173.00
(i) Itemized (use Schedule A)	158861.53	358870.42
(ii) Unitemized	265612.53	531043.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	265612.53	531043.42
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.)	174.27	316.42
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 Transfer (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))	265786.80	531359.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	265786.80	531359.84

DETAILED SUMMARY PAGE
of Disbursements

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.....	66479.31	95450.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	66479.31	95450.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	127500.00	241608.80
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.....	35685.58	58647.22
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	229664.89	395706.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	229664.89	395706.09

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	265612.53	531043.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	265612.53	531043.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	66479.31	95450.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	66479.31	95450.07

**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 6 / 131
	<input 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 checked="" type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Scudder Investments		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address 811 Main Street		Transaction ID: 24277238	
City State Zip Code Kansas City MO 64105-2005	Amount of Each Receipt this Period 59.30		
FEC ID number of contributing federal political committee. C	Money Market Interest		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 201.45		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Scudder Investments		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 811 Main Street		Transaction ID: 24277484	
City State Zip Code Kansas City MO 64105-2005	Amount of Each Receipt this Period 57.60		
FEC ID number of contributing federal political committee. C	Money Market Interest		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 259.05		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Scudder Investments		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 811 Main Street		Transaction ID: 24277682	
City State Zip Code Kansas City MO 64105-2005	Amount of Each Receipt this Period 57.37		
FEC ID number of contributing federal political committee. C	Money Market Interest		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 316.42		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	174.27
TOTAL This Period (last page this line number only) ▶	174.27

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Catherine W Hoffman		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 7013 Winterberry Lane		Transaction ID: PR1023157314309		
City State Zip Code Bethesda MD 20817-2950	Amount of Each Receipt this Period _____ 500.00		P/R Deduction (\$500.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer Excell Services Corporati-on Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ _____ 500.00	_____		

Full Name (Last, First, Middle Initial) B. Ellen H Strubert		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 652 Bambury Way		Transaction ID: PR1033736014309		
City State Zip Code Kirkwood MO 63122-1101	Amount of Each Receipt this Period _____ 500.00		P/R Deduction (\$500.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer Western Anesthesiology As-sociates, Inc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ _____ 1000.00	_____		

Full Name (Last, First, Middle Initial) C. Greig M Williams		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 352 Meadowbrook Rd		Transaction ID: PR1033754214309		
City State Zip Code Trafford PA 15085-9712	Amount of Each Receipt this Period _____ 250.00		P/R Deduction (\$250.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ _____ 250.00	_____		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1250.00
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 8 / 131
	<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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American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Shelley L Miller		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 234 Miller Ave Apt C		Transaction ID: PR1033771114309	
City State Zip Code Mill Valley CA 94941-2829	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mill Valley Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 275.00		P/R Deduction (\$75.00 Weekly)

Full Name (Last, First, Middle Initial) B. Marquessa D Moore		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5600 Woodcrest Lane		Transaction ID: PR1580545414309	
City State Zip Code Owensboro KY 42303-9225	Amount of Each Receipt this Period _____ 340.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Excel Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 340.00		P/R Deduction (\$85.00 Monthly)

Full Name (Last, First, Middle Initial) C. Scott C Wixom		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 403 Pheasant Terrace		Transaction ID: PR1580674114309	
City State Zip Code Jefferson City MO 65109-4136	Amount of Each Receipt this Period _____ 255.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 340.00		P/R Deduction (\$85.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 670.00
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 9 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Tara W Ray		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 72 CR 406		Transaction ID: PR1695769314309
City Luka	State MS	Zip Code 38852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Samford Univ	Occupation CRNA	P/R Deduction (\$150.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Debra K Fickenwirth		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 7479 Hardscrapple Drive Apt C		Transaction ID: PR1695831314309
City Saint Louis	State MO	Zip Code 63123-1346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Student	Occupation Student	P/R Deduction (\$200.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Brian D Thorson		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6484 Promontory Dr		Transaction ID: PR1901897914309
City Eden Prairie	State MN	Zip Code 55346-1913
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 855.00
Name of Employer Fair View Southdale Hospital	Occupation CRNA	P/R Deduction (\$85.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 855.00	

SUBTOTAL of Receipts This Page (optional)	▶	1205.00
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 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Wanda O Wilson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 900 Adams Crossing Unit 3600		Transaction ID: PR447977614309	
City State Zip Code Cincinnati OH 45202-1698	Amount of Each Receipt this Period _____ 900.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Univerity Hospital/Anesthesia Assoc.	Occupation Program Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1150.00		P/R Deduction (\$150.00 Weekly)

Full Name (Last, First, Middle Initial) B. Deanna G Mahoney		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 400 W Carters Valley Road		Transaction ID: PR447992614309	
City State Zip Code Kingsport TN 37665-1006	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Employed	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		P/R Deduction (\$300.00 Weekly)

Full Name (Last, First, Middle Initial) C. Nancy S Gondringer		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7216 Parkridge Circle		Transaction ID: PR447998314309	
City State Zip Code Lincoln NE 68516-4397	Amount of Each Receipt this Period _____ 1400.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer St. Elizabeth Regional Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1400.00		P/R Deduction (\$200.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 2600.00
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 / 131
	<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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American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Jane A Howell Ridge		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1451 Harbor Island Dr		Transaction ID: PR448001714309	
City State Zip Code Port Isabel TX 78578-2526	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer SELF	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		P/R Deduction (\$200.00 Weekly)

Full Name (Last, First, Middle Initial) B. Linda M Huffman		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 402 Tod Lane		Transaction ID: PR448005314309	
City State Zip Code Youngstown OH 44504-1404	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Employed	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1000.00		P/R Deduction (\$500.00 Monthly)

Full Name (Last, First, Middle Initial) C. Jackie Fortenberry		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 174 Mandarin Drive		Transaction ID: PR448019714309	
City State Zip Code Brandon MS 39047-7335	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Mississippi Baptist Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 900.00
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 12 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Mary A Long		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448033314309
Mailing Address 189 Landis St		Amount of Each Receipt this Period 300.00
City State Zip Code Forest City NC 28043-4582	FEC ID number of contributing federal political committee. C	P/R Deduction (\$300.00 Weekly)
Name of Employer Occupation Eliza Coffee Memorial Hospital CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

Full Name (Last, First, Middle Initial) B. David C Von Rump		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448034114309
Mailing Address 3204 Glebe Point Road		Amount of Each Receipt this Period 260.00
City State Zip Code Suffolk VA 23435-1058	FEC ID number of contributing federal political committee. C	P/R Deduction (\$200.00 Weekly)
Name of Employer Occupation Self CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Gary D Clark		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448051614309
Mailing Address 7866 1/2 Big Bend Apt 4		Amount of Each Receipt this Period 491.00
City State Zip Code Saint Louis MO 63119-3194	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Weekly)
Name of Employer Occupation Webster University CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 491.00	

SUBTOTAL of Receipts This Page (optional)	1051.00
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 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Barbara A Sandusky		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448055114309	
Mailing Address 1728 Bethel Road		Amount of Each Receipt this Period 500.00	
City Finksburg	State MD	Zip Code 21048-1325	P/R Deduction (\$500.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00	
Name of Employer Self Employed	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Gail K Larkin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448056014309	
Mailing Address 16808 Calico Ridge Road		Amount of Each Receipt this Period 300.00	
City Logan	State OH	Zip Code 43138-9415	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Hocking Valley Anesthesia Services, In	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. Francis C Assalone		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448062414309	
Mailing Address 2105 Pelican Court		Amount of Each Receipt this Period 300.00	
City Tarpon Springs	State FL	Zip Code 34689-2058	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
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 14 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Roxie L Felts		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 807 Driftwood Ranch Trl		Transaction ID: PR448062814309	
City State Zip Code Weatherford TX 76087-0720	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA	Aggregate Year-to-Date ▼ _____ 250.00	
		P/R Deduction (\$250.00 Weekly)	

Full Name (Last, First, Middle Initial) B. Carrolyn Bates		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PMB 187 2010 Hwy 190 West		Transaction ID: PR448076014309	
City State Zip Code Livingston TX 77351	Amount of Each Receipt this Period _____ 255.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation nurse anesthetist	Aggregate Year-to-Date ▼ _____ 255.00	
		P/R Deduction (\$85.00 Weekly)	

Full Name (Last, First, Middle Initial) C. Felix J Cimaskasy		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3214 Chatham Drive		Transaction ID: PR448076614309	
City State Zip Code Urbana IL 61802-7039	Amount of Each Receipt this Period _____ 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA	Aggregate Year-to-Date ▼ _____ 400.00	
		P/R Deduction (\$400.00 Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 905.00
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 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Donald E Fosson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 211 Nettlewood Lane		Transaction ID: PR448100614309	
City State Zip Code Fern Park FL 32730-2919	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Doctor's Office	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		P/R Deduction (\$250.00 Weekly)

Full Name (Last, First, Middle Initial) B. Bette M Wildgust		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 703 Willowbend Drive		Transaction ID: PR448124014309	
City State Zip Code Blue Bell PA 19422-4203	Amount of Each Receipt this Period _____ 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Crozer Chester Medical Center	Occupation CRNA Educator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00		P/R Deduction (\$150.00 Weekly)

Full Name (Last, First, Middle Initial) C. Harold L La Rock		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9 Matsunaye Drive		Transaction ID: PR448141514309	
City State Zip Code Medford NY 11763-4112	Amount of Each Receipt this Period _____ 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Brookhaven Memorial Hospital Medical C	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2000.00		P/R Deduction (\$2000.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 2600.00
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 16 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Dick H Weatherly		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2903 Bludbird Ln		Transaction ID: PR448147214309	
City Midland	State TX	Zip Code 79705-2403	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Odessa CRNA Association	Occupation DB Anesthesia		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$250.00 Weekly)	

Full Name (Last, First, Middle Initial) B. Tom L McKibban		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1819 Terrace Drive		Transaction ID: PR448193114309	
City El Dorado	State KS	Zip Code 67042-4057	Amount of Each Receipt this Period _____ 1150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Butler County Anesthesia Services	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1150.00		
		P/R Deduction (\$500.00 Weekly)	

Full Name (Last, First, Middle Initial) C. Wayne F Wilbur		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2000 Phenix Avenue		Transaction ID: PR448194614309	
City Cranston	State RI	Zip Code 02921-1259	Amount of Each Receipt this Period _____ 400.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Landmark Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$400.00 Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1800.00
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 17 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Jeanette F Peter		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2917 Via Rivera		Transaction ID: PR448232714309
City Palos Verdes Estat	State CA	Zip Code 90274-2876
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Harbor/UCLA medical center	Occupation Nurse Anesthetist Supervisor	P/R Deduction (\$200.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Patricia M Wade		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1751 Magnolia Court Turtlecreek Township		Transaction ID: PR448237214309
City Lebanon	State OH	Zip Code 45036-8998
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Anesthesia Associates of Cincinnati, I	Occupation CRNA	P/R Deduction (\$250.00 Weekly)
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) C. Linda E Moore		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4110 Stonebrook Farms Rd		Transaction ID: PR448248114309
City Greensboro	State NC	Zip Code 27406-9655
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer CRNA 4U	Occupation CRNA	P/R Deduction (\$500.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	950.00
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 18 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Alexander A Fernandez		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address PO Box 0215		Transaction ID: PR448251214309
City Princeton	State WV	Zip Code 24740-0215
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 255.00	
Name of Employer Taswell Community Hospital	Occupation CRNA	P/R Deduction (\$85.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Rod C Moore		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4110 Stonebrook Farms Rd		Transaction ID: PR448258614309
City Greensboro	State NC	Zip Code 27406-9655
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation CRNA	P/R Deduction (\$500.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Allen J Butkowski		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 931 10th Avenue North		Transaction ID: PR448267414309
City Sartell	State MN	Zip Code 56377-2259
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Self Employed	Occupation CRNA	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1055.00
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 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Linda M Bailey Mailing Address 40369 Loro Place City State Zip Code Fremont CA 94539-3033 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448267714309 Amount of Each Receipt this Period 255.00 P/R Deduction (\$85.00 Weekly)
Name of Employer Keiser Foundation Hospital Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

B. Full Name (Last, First, Middle Initial) Roger O Kennedy Mailing Address 471 County Rd 3539 City State Zip Code Clarksville AR 72830 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448274314309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Weekly)
Name of Employer Anesthesia Assoc Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Dennis Ray Dodd Mailing Address PO Box 571 City State Zip Code Altus OK 73522-0571 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448294714309 Amount of Each Receipt this Period 135.00 P/R Deduction (\$45.00 Weekly)
Name of Employer Self Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	690.00
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 20 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Linda V Huber		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448304214309	
Mailing Address 6676 Channel Road		Amount of Each Receipt this Period 450.00	
City Fridley	State MN	Zip Code 55432-4655	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Regince Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Linda J Hesel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448318914309	
Mailing Address 2015 Berrywood Dr		Amount of Each Receipt this Period 250.00	
City Knoxville	State TN	Zip Code 37932-1946	P/R Deduction (\$250.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Anesthesia/Tenn	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Lynne M Van Wormer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448319114309	
Mailing Address 51 Glenbrook Ct		Amount of Each Receipt this Period 300.00	
City Clifton Park	State NY	Zip Code 12065-1915	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Dorothy A Bradbury Mailing Address 11191 Stratford Way City Fishers State IN Zip Code 46038-1798 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448326314309 Amount of Each Receipt this Period 250.00
Name of Employer Arnett Clinic in Lafayette Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	P/R Deduction (\$250.00 Monthly)

B. Full Name (Last, First, Middle Initial) Cheryl L Nimmo Mailing Address 26 Aberdeen Road City East Providence State RI Zip Code 02915-5002 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448350514309 Amount of Each Receipt this Period 1150.00
Name of Employer Self Employed Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	P/R Deduction (\$150.00 Weekly)

C. Full Name (Last, First, Middle Initial) James Touzeau Mailing Address 14091 SW 79th St City Miami State FL Zip Code 33183-3022 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448355514309 Amount of Each Receipt this Period 300.00
Name of Employer Self Employed Occupation Nurse Anesthetist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$300.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	1700.00
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 22 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. William P Fehder		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4 Peter Cooper Rd Apt 5C		Transaction ID: PR448363014309
City New York	State NY	Zip Code 10010-6743
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer New York University Medical Center	Occupation Nurse Anesthesia	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Michael A Cole		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1238 Arms Street		Transaction ID: PR448368014309
City Marshall	State MI	Zip Code 49068-1061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Oakland Hospital	Occupation CRNA	P/R Deduction (\$500.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Cindy R Black		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 620 Guy Walker Way		Transaction ID: PR448371414309
City Durham	State NC	Zip Code 27703-3793
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2625.00
Name of Employer Duke University Health Systems	Occupation CRNA	P/R Deduction (\$1000.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	

SUBTOTAL of Receipts This Page (optional)	3425.00
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 23 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Stephanie Wallace Mailing Address 837 Harbor View Terrace City Annapolis State MD Zip Code 21409-4640 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448375414309 Amount of Each Receipt this Period 400.00
Name of Employer Johns Hopkins Hospital Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$200.00 Weekly)

B. Full Name (Last, First, Middle Initial) Robert Lehmann Mailing Address PO Box 193 City Tecumseh State OK Zip Code 74873-0193 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448379614309 Amount of Each Receipt this Period 250.00
Name of Employer Self Occupation Nurse Anesthetist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Weekly)

C. Full Name (Last, First, Middle Initial) Anne M Pierce Mailing Address 2204 East 56th Street City Sioux Falls State SD Zip Code 57103-5426 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448389114309 Amount of Each Receipt this Period 250.00
Name of Employer ST. HEART HOSPITAL Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$150.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	900.00
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 24 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Daniel D Vigness Mailing Address 2309 South Stephen Avenue City State Zip Code Sioux Falls SD 57103-4442 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448391514309 Amount of Each Receipt this Period 350.00 P/R Deduction (\$200.00 Weekly)
Name of Employer Occupation Avera McKennan Hospital CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Rodney K Cannaday Mailing Address 4011 Oak Creek City State Zip Code Nacogdoches TX 75965-6528 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448402414309 Amount of Each Receipt this Period 200.00 P/R Deduction (\$200.00 Weekly)
Name of Employer Occupation Nacogdoches Surgery Center CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		

C. Full Name (Last, First, Middle Initial) Garth Grant Mailing Address 12030 Sandgate Circle City State Zip Code Chesterland OH 44026-2361 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448403614309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Weekly)
Name of Employer Occupation Eastside Anesthesia Group, Inc. CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	850.00
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 25 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) David W Gelbach		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448409114309	
Mailing Address 1323 Wedgewood Circle		Amount of Each Receipt this Period 300.00	
City Saline State MI Zip Code 48176-9276	FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$300.00 Weekly)	

B. Full Name (Last, First, Middle Initial) James L Lowry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448410814309	
Mailing Address 138 Longview Heights		Amount of Each Receipt this Period 500.00	
City Athens State OH Zip Code 45701-3339	FEC ID number of contributing federal political committee. C		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation C. R. N. A. Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$500.00 Weekly)	

C. Full Name (Last, First, Middle Initial) Joseph M Morel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448419614309	
Mailing Address PO Box 349		Amount of Each Receipt this Period 150.00	
City Martin State TN Zip Code 38237-0349	FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$150.00 Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	950.00
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 26 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. John T Hitchens		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448432614309	
Mailing Address 1715 Farmshire Ct		Amount of Each Receipt this Period 1150.00	
City Jarrettsville State MD Zip Code 21084-1507	P/R Deduction (\$1000.00 Weekly)		
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1150.00		
Name of Employer Watchful Care Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William A White, Jr		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448448114309	
Mailing Address 144 Third St W		Amount of Each Receipt this Period 300.00	
City Madison State WV Zip Code 25130-1144	P/R Deduction (\$300.00 Weekly)		
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 325.00		
Name of Employer CAMCARE HEALTH EDU Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard D Burns		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448450214309	
Mailing Address 9709 Dixie Hwy		Amount of Each Receipt this Period 300.00	
City Ira State MI Zip Code 48023-2325	P/R Deduction (\$300.00 Monthly)		
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 300.00		
Name of Employer undisclosed Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
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 27 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Bonnie J Mackin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR44845514309	
Mailing Address 1511 Old Alvin Road		Amount of Each Receipt this Period 300.00	
City Pearlland	State TX	Zip Code 77581-3005	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 800.00	
Name of Employer Self Employed	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. Jeffery M Beutler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448463314309	
Mailing Address 217 N Ashland Ave		Amount of Each Receipt this Period 1300.00	
City Park Ridge	State IL	Zip Code 60068-3529	P/R Deduction (\$1000.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1300.00	
Name of Employer AANA	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) C. Peter N Tocci		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448471914309	
Mailing Address 6024 W Tom Parham Rd		Amount of Each Receipt this Period 1000.00	
City Oxford	State NC	Zip Code 27565-9194	P/R Deduction (\$1000.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00	
Name of Employer Granville Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Janel L Wuthnow		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 215 Miller Way		Transaction ID: PR448475414309	
City State Zip Code Monett MO 65708-8336	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Nurse Anesthetist	P/R Deduction (\$300.00 Weekly)	
Aggregate Year-to-Date ▼ _____ 300.00			

Full Name (Last, First, Middle Initial) B. Gerald L Kueckelhan		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address Rt 1 8802 N Millsite Road		Transaction ID: PR448498914309	
City State Zip Code Columbia MO 65201-9801	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA	P/R Deduction (\$250.00 Weekly)	
Aggregate Year-to-Date ▼ _____ 250.00			

Full Name (Last, First, Middle Initial) C. Cynthia A Holland		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1054 Autumnview Ct		Transaction ID: PR448501014309	
City State Zip Code Rochester MI 48307-6059	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer William Beaumont Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation crna	P/R Deduction (\$500.00 Weekly)	
Aggregate Year-to-Date ▼ _____ 500.00			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1050.00
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 29 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Gregory Sauer		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address N2685 Potato Ridge Road		Transaction ID: PR448514014309	
City State Zip Code La Crosse WI 54601-3006	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$300.00 Weekly)		
Name of Employer Occupation Acces CRNA, SC CRNA	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Duane L Fuerst		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1017 Maxine Lane		Transaction ID: PR448523314309	
City State Zip Code Van Wert OH 45891-2649	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$200.00 Weekly)		
Name of Employer Occupation Amber Anesth Associates Inc. CRNA	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Wendy S Schneider		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 230 Harbor Drive		Transaction ID: PR448529514309	
City State Zip Code Lusby MD 20657-2714	Amount of Each Receipt this Period _____ 255.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$85.00 Weekly)		
Name of Employer Occupation self crna	Aggregate Year-to-Date ▼ _____ 255.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 755.00
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 30 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. David Schwytzer		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 7004 New Bern Court		Transaction ID: PR448551514309		
City Prospect State KY Zip Code 40059-9668	Amount of Each Receipt this Period _____ 150.00		P/R Deduction (\$150.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer David Schwytzer, C.R.N.A. LLC	Occupation CRNA	Aggregate Year-to-Date ▼ _____ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. LT Col Joel P Solomon		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 690 Beckley Farm Way		Transaction ID: PR448556314309		
City Springboro State OH Zip Code 45066-9484	Amount of Each Receipt this Period _____ 100.00		P/R Deduction (\$100.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer Middletown Anesthesia Consultants	Occupation Staff Nurse Anesthetists	Aggregate Year-to-Date ▼ _____ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Carol S Scott		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6852 West 125th Street		Transaction ID: PR448560714309		
City Overland Park State KS Zip Code 66209-2586	Amount of Each Receipt this Period _____ 250.00		P/R Deduction (\$250.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer Self	Occupation CRNA	Aggregate Year-to-Date ▼ _____ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

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: (check only one)	PAGE 31 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Debbie W Feemster Mailing Address 1191 Hieatt Ln City State Zip Code Smithfield KY 40068-7900 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448562014309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Weekly)
Name of Employer: Greater Louisville Anesthesia Services Occupation: CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Robert Bezzo Mailing Address 24910 Doe Lane City State Zip Code Mount Vernon WA 98273-8531 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448575814309 Amount of Each Receipt this Period 240.00 P/R Deduction (\$200.00 Weekly)
Name of Employer: Anesthesia Service Inc Occupation: CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

C. Full Name (Last, First, Middle Initial) T K Huddleston Mailing Address 5314 Richard Ave City State Zip Code Dallas TX 75206-6712 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448595214309 Amount of Each Receipt this Period 255.00 P/R Deduction (\$85.00 Weekly)
Name of Employer: Pinnacle Anesthesia Occupation: CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional)	795.00
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 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Dr Lorraine M Jordan Mailing Address 713 Potomac Avenue City Naperville State IL Zip Code 60565-3422 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448595414309 Amount of Each Receipt this Period 350.00
Name of Employer AANA Occupation Senior Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$200.00 Weekly)

B. Full Name (Last, First, Middle Initial) Lisa J Wilkie Mailing Address 3 Meadow Road City Rockport State MA Zip Code 01966-2314 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448599814309 Amount of Each Receipt this Period 300.00
Name of Employer SELF Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$300.00 Weekly)

C. Full Name (Last, First, Middle Initial) Mark T Cappello Mailing Address 1511 W Ardmore Apt 1 City Chicago State IL Zip Code 60660-4218 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448609514309 Amount of Each Receipt this Period 150.00
Name of Employer Self Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$50.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	800.00
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 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Richard L Creech Mailing Address 519 John S Mosby City Wilimington State NC Zip Code 28412-7150 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448632914309 Amount of Each Receipt this Period 300.00
Name of Employer Self Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$300.00 Weekly)

B. Full Name (Last, First, Middle Initial) Mark W Adams Mailing Address 305 Henley Perry Drive City Marshall State TX Zip Code 75670-5367 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448648214309 Amount of Each Receipt this Period 350.00
Name of Employer Self Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$200.00 Weekly)

C. Full Name (Last, First, Middle Initial) Sarah L Desrosiers Mailing Address 5213 Jack Hinton Road City Philpot State KY Zip Code 42366-8812 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448652514309 Amount of Each Receipt this Period 500.00
Name of Employer Owensborough Anes. Services Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$500.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	1150.00
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 34 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Kimberly S Zwegardt Mailing Address PO Box 921 City St Francis State KS Zip Code 67756-0921 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448657914309 Amount of Each Receipt this Period 250.00
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Weekly)

B. Full Name (Last, First, Middle Initial) Donald H Chamberlain, Jr Mailing Address 752 Hall Farmer Rd City Blairs State VA Zip Code 24527-2612 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448659914309 Amount of Each Receipt this Period 500.00
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$500.00 Weekly)

C. Full Name (Last, First, Middle Initial) Patrick W Loseth Mailing Address 2366 Rolling Hills Drive City Clarkston State WA Zip Code 99403-1228 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448662514309 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Weekly)

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 131		
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Ann M Culp		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 27 Carey Lane		Transaction ID: PR448663114309	
City State Zip Code Jenkins Twp PA 18640-3225	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Weekly)		
Name of Employer Occupation School of Nurse Anesthesia Clinical Director	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Kevin J Maltais		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 35 Rookridge Ln		Transaction ID: PR448664214309	
City State Zip Code Manson NC 27553-9610	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	P/R Deduction (\$300.00 Weekly)		
Name of Employer Occupation Self CRNA	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Carla G Biggs		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 6433 Ruxton Lane		Transaction ID: PR448686314309	
City State Zip Code Austin TX 78749-4127	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	P/R Deduction (\$300.00 Weekly)		
Name of Employer Occupation St. Davids Hospital CRNA	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	850.00
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 36 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Todd W Herzog		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 11542 Skyward Loop		Transaction ID: PR448695814309		
City State Zip Code Kingston WA 98346-7606	Amount of Each Receipt this Period _____ 500.00		P/R Deduction (\$500.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer Pacific Northwest Anesthesia Services	Occupation CRNA	Aggregate Year-to-Date ▼ _____ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Jerald A Turk		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 85463 Svarverud Road		Transaction ID: PR448700214309		
City State Zip Code Eugene OR 97405-9427	Amount of Each Receipt this Period _____ 500.00		P/R Deduction (\$500.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer Self	Occupation CRNA	Aggregate Year-to-Date ▼ _____ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Philip J Powers		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 104 S Parkway		Transaction ID: PR448702314309		
City State Zip Code Columbus NE 68601-4506	Amount of Each Receipt this Period _____ 200.00		P/R Deduction (\$200.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		_____		
Name of Employer Columbus Community Hospital	Occupation CRNA	Aggregate Year-to-Date ▼ _____ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1200.00
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 37 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Paul W Santoro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448705014309	
Mailing Address 30200 Telegraph Rd Suite 220		Amount of Each Receipt this Period 1150.00	
City Bingham Farms	State MI	Zip Code 48025-4506	P/R Deduction (\$1150.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1600.00	
Name of Employer Ambulatory Surgery Consultants	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Suzanne M Dufek		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448708714309	
Mailing Address 835 Karau Lane		Amount of Each Receipt this Period 100.00	
City Cape Girardeau	State MO	Zip Code 63701-4407	P/R Deduction (\$100.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 450.00	
Name of Employer Anesthesia Associates of Cape	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Phyllis A Marberry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448716914309	
Mailing Address 161 Linden Drive		Amount of Each Receipt this Period 300.00	
City Fair Haven	State NJ	Zip Code 07704-3536	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Self	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Garalynn V Tomas		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 32540 Oakhurst Drive		Transaction ID: PR448718114309	
City State Zip Code North Ridgeville OH 44039-2374	Amount of Each Receipt this Period _____ 255.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$85.00 Weekly)		
Name of Employer GVT Medical Service Consultants, Inc.	Occupation CRNA	Aggregate Year-to-Date ▼ _____ 490.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Margaret Susan Cody		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 431 Breezy Banks Road		Transaction ID: PR448722014309	
City State Zip Code Roper NC 27970-9493	Amount of Each Receipt this Period _____ 255.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$85.00 Weekly)		
Name of Employer Self	Occupation CRNA	Aggregate Year-to-Date ▼ _____ 255.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ruth A Morris		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 10437 W 125th Ter		Transaction ID: PR448729314309	
City State Zip Code Overland Park KS 66213-2172	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$150.00 Weekly)		
Name of Employer Anesthesiology Professionals	Occupation Nurse Anesthetists	Aggregate Year-to-Date ▼ _____ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 660.00
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 39 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donald J Roesler		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 2005 Queens Avenue		Transaction ID: PR448730014309		
City State Zip Code Sioux Falls SD 57106-5306	Amount of Each Receipt this Period _____ 250.00		P/R Deduction (\$250.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 900.00		
Name of Employer Avera McKennan Hospital	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) B. Maureen E McGann		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 8 Marion Avenue		Transaction ID: PR448739314309		
City State Zip Code Woburn MA 01801-2214	Amount of Each Receipt this Period _____ 400.00		P/R Deduction (\$400.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 400.00		
Name of Employer Lahey Clinic	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) C. Kay K Keller Sanders		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 9994 Boat Club Road		Transaction ID: PR448743014309		
City State Zip Code Ft Worth TX 76179-4004	Amount of Each Receipt this Period _____ 1000.00		P/R Deduction (\$1000.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 1000.00		
Name of Employer TCU School of Nurst Anesthesia	Occupation CRNA - Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1650.00
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 40 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) David E Dyess Mailing Address HCR 74 22004 City El Prado State NM Zip Code 87529-9520 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448743914309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Weekly)
Name of Employer Rohobeth McKinley Christian Hospital Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

B. Full Name (Last, First, Middle Initial) Mary S Tealdi Mailing Address 4300 Fruitvale Avenue City Oakland State CA Zip Code 94602-2517 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448745014309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Weekly)
Name of Employer Self Employed Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

C. Full Name (Last, First, Middle Initial) Brian D Campbell Mailing Address 14 Townsend Street City Malden State MA Zip Code 02148-6323 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448747914309 Amount of Each Receipt this Period 405.00 P/R Deduction (\$150.00 Weekly)
Name of Employer Winchester Anesthesia Association Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.00

SUBTOTAL of Receipts This Page (optional)	1005.00
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 41 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Ann Cairns		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address PO Box 575		Transaction ID: PR448770514309
City Cedar Glen	State CA	Zip Code 92321-0575
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation CRNA	P/R Deduction (\$300.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Vivian E Willis		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 10930 S Longwood Drive		Transaction ID: PR448779914309
City Chicago	State IL	Zip Code 60643-3338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation CRNA	P/R Deduction (\$250.00 Weekly)
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) C. David L Nelson		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address PO Box 209		Transaction ID: PR448790414309
City Port Mansfield	State TX	Zip Code 78598-0209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation CRNA	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 42 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Bruce A Rioux		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 23 Westwood Avenue		Transaction ID: PR448800114309	
City Millinocket	State ME	Amount of Each Receipt this Period _____ 200.00	
Zip Code 04462-1914		P/R Deduction (\$200.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 350.00	
Name of Employer Millinocket Regional Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Melydia J Edge		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address ECU School of Nursing BSOM Doctors Park 5A		Transaction ID: PR448828114309	
City Greenville	State NC	Amount of Each Receipt this Period _____ 250.00	
Zip Code 27834		P/R Deduction (\$250.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 250.00	
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Wendell D Spencer		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 49130 W Benton St		Transaction ID: PR448829714309	
City O'Neill	State NE	Amount of Each Receipt this Period _____ 500.00	
Zip Code 68763-4604		P/R Deduction (\$500.00 Monthly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 1000.00	
Name of Employer North Central Anesthesia Services, LLL	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 950.00
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 43 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Cynthia A Podsednik		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448830114309	
Mailing Address 5301 Hilton Head Dr		Amount of Each Receipt this Period 500.00	
City Dallas	State TX	Zip Code 75287-7324	P/R Deduction (\$500.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00	
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kimili A Barnard		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448830814309	
Mailing Address 1311 Murray Rd		Amount of Each Receipt this Period 255.00	
City Springtown	State TX	Zip Code 76082-6521	P/R Deduction (\$85.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 255.00	
Name of Employer Harris Methodist HEB Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Keith E Macksoud		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448842014309	
Mailing Address 1817 Old Louisquisset Pike		Amount of Each Receipt this Period 350.00	
City Lincoln	State RI	Zip Code 02865-4516	P/R Deduction (\$200.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 350.00	
Name of Employer Memorial Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1105.00
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 44 / 131
	<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	

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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Margaret Merrie Griffin Mailing Address 1706 Lanier Place NW City Washington State DC Zip Code 20009-2104 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448858914309 Amount of Each Receipt this Period 1000.00
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$1000.00 Weekly)

B. Full Name (Last, First, Middle Initial) Terry C Wicks Mailing Address PO Box 910 111 Windsor Street City Rutherford College State NC Zip Code 28671-0910 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448866814309 Amount of Each Receipt this Period 2185.00
Name of Employer Catawba Valley Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation crna Aggregate Year-to-Date ▼ 2185.00	P/R Deduction (\$1800.00 Weekly)

C. Full Name (Last, First, Middle Initial) Timothy P Glidden Mailing Address 16132 Lafayette Avenue City Omaha State NE Zip Code 68118-2460 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR448908414309 Amount of Each Receipt this Period 150.00
Name of Employer University of Nebraska Medical Ctr. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 1150.00	P/R Deduction (\$150.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	3335.00
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 45 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Susan M Parks-DeKorte		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 10274 South Bay Drive		Transaction ID: PR448936814309
City Laingsburg	State MI	Zip Code 48848-9785
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Nurse Anesthetist	P/R Deduction (\$500.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. William O Havens, Jr		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 420 Evans Gann Rd		Transaction ID: PR448943414309
City Lufkin	State TX	Zip Code 75904-6801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LONGVIEW MED HOSP	Occupation CRNA	P/R Deduction (\$500.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Darrell L Jenkins		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 900 Pueblo Court		Transaction ID: PR448964014309
City Idaho Falls	State ID	Zip Code 83404-6828
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Nurse Anesthetist	P/R Deduction (\$250.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
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 46 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Alexander A Litwin		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 356 Sun Oaks Ct		Transaction ID: PR448987414309
City State Zip Code Lake Mary FL 32746-3057	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Orange County Medical Society	Occupation CRNA	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mary Kay Bader		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 20792 State Route P		Transaction ID: PR448995914309
City State Zip Code Ste Genevieve MO 63670-9067	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation CRNA	P/R Deduction (\$250.00 Weekly)
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) C. Karyn B Karp		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 327 W Thomson Ave		Transaction ID: PR449000114309
City State Zip Code Sonoma CA 95476-4365	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 255.00
Name of Employer Kaiser San Rafael	Occupation Chief CRNA	P/R Deduction (\$85.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

SUBTOTAL of Receipts This Page (optional)	805.00
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 47 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. MAJ Richard E Wheeler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449002514309	
Mailing Address PO Box 123		Amount of Each Receipt this Period 250.00	
City Green Sea	State SC	Zip Code 29545-0123	P/R Deduction (\$250.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer Self	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Tom J Hilbert		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449016814309	
Mailing Address 1034 Chapel Street		Amount of Each Receipt this Period 750.00	
City Marshfield	State WI	Zip Code 54449-1273	P/R Deduction (\$600.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 750.00	
Name of Employer Marshall Clinic	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patrick G Bailey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449027114309	
Mailing Address 2220 Tanglewood Terrace		Amount of Each Receipt this Period 250.00	
City Tallahassee	State FL	Zip Code 32303-3913	P/R Deduction (\$250.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer Anesthesiology Associates	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
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 48 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Claire D French Mailing Address 6941 N Ottawa City Chicago State IL Zip Code 60631-1415 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449038714309 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Weekly)
Name of Employer: Loyola University Medical Center Occupation: CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Joseph C O'Sullivan Mailing Address 4222 Isbell St City Silver Spring State MD Zip Code 20906-4222 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449039514309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Monthly)
Name of Employer: US Army Occupation: CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 403.39		

C. Full Name (Last, First, Middle Initial) Timothy P Kostura Mailing Address 3026 Tree Top Lane SW City Roanoke State VA Zip Code 24018-4851 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449054214309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Weekly)
Name of Employer: Carilion Roanoke Memorial Hospital Occupation: CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	850.00
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 49 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Randy L McGee		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449054414309	
Mailing Address 2100 Payne Road		Amount of Each Receipt this Period 300.00	
City Ellensburg	State WA	Zip Code 98926-7898	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Kittitas Valley Community Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Janet D Einbecker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449070814309	
Mailing Address 440 Lakeshore Drive		Amount of Each Receipt this Period -300.00	
City Lexington	State KY	Zip Code 40502-2605	P/R Deduction (\$-300.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer CENTRAL KY ANESTHESIA	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Joan D Brown		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449074714309	
Mailing Address 6521 Buttercup Dr		Amount of Each Receipt this Period 300.00	
City Nashville	State TN	Zip Code 37221-4160	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Anesthesia Medical Group	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	300.00
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 50 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James M Henderson, Jr		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 106 Ember Way		Transaction ID: PR449083114309	
City Lagrange	State GA	Zip Code 30240-8497	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Riverview Anesthesia, PC	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		P/R Deduction (\$250.00 Weekly)

Full Name (Last, First, Middle Initial) B. James McCrackin		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 1214 Shadow Ridge Drive SE		Transaction ID: PR449092614309	
City Huntsville	State AL	Zip Code 35803-3652	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Huntsville Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		P/R Deduction (\$250.00 Weekly)

Full Name (Last, First, Middle Initial) C. James D Dauzart		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 2509 Palmland Blvd		Transaction ID: PR449093014309	
City New Iberia	State LA	Zip Code 70563-2909	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation crna		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		P/R Deduction (\$150.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	900.00
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 51 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Linda J Kovitch Mailing Address 78 North Road City Bedford State MA Zip Code 01730-1023 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449112314309 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Monthly)
Name of Employer Aspect Medical Systems Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		

B. Full Name (Last, First, Middle Initial) James R Walker Mailing Address 9410 Sundance Dr City Pearland State TX Zip Code 77584-2892 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449130614309 Amount of Each Receipt this Period 350.00 P/R Deduction (\$150.00 Weekly)
Name of Employer Baylor College of Medicine Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

C. Full Name (Last, First, Middle Initial) Michael F Kinslow Mailing Address 1634 North St City Philadelphia State PA Zip Code 19130-3305 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449132014309 Amount of Each Receipt this Period 350.00 P/R Deduction (\$200.00 Weekly)
Name of Employer Self Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	950.00
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 52 / 131						
	(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

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

Full Name (Last, First, Middle Initial) A. Mary K Torrison		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449134614309	
Mailing Address 83 Quiet Oak Circle		Amount of Each Receipt this Period 250.00	
City State Zip Code The Woodlands TX 77381-3163	FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation CRNA	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	P/R Deduction (\$250.00 Weekly)		

Full Name (Last, First, Middle Initial) B. Perry S Henely		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449137014309	
Mailing Address 524 W Madison Street		Amount of Each Receipt this Period 350.00	
City State Zip Code Lake City IA 51449-1053	FEC ID number of contributing federal political committee. C		
Name of Employer Caff County Hospital Occupation CRNA	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	P/R Deduction (\$350.00 Weekly)		

Full Name (Last, First, Middle Initial) C. Diana L Reardon		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449140014309	
Mailing Address 3821 Windstream Way		Amount of Each Receipt this Period 300.00	
City State Zip Code Jamestown NC 27282-7709	FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation CRNA	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	P/R Deduction (\$300.00 Weekly)		

SUBTOTAL of Receipts This Page (optional)	900.00
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 53 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Kevin J Ryan Mailing Address 290 W River Rd City <u>Worland</u> State <u>WY</u> Zip Code <u>82401-9747</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR449141114309 Amount of Each Receipt this Period <input type="text"/> 400.00 P/R Deduction (\$400.00 Weekly)
Name of Employer Washkie Medical Center Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 400.00	

B. Full Name (Last, First, Middle Initial) Donna I Vierthaler Mailing Address 2866 Wilderness Court City <u>Wichita</u> State <u>KS</u> Zip Code <u>67226-2110</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR449148414309 Amount of Each Receipt this Period <input type="text"/> 400.00 P/R Deduction (\$150.00 Weekly)
Name of Employer Anesthesia Consulting Services Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 400.00	

C. Full Name (Last, First, Middle Initial) Julie A Stone Mailing Address 470 E Lockwood Ave City <u>Saint Louis</u> State <u>MO</u> Zip Code <u>63119-3141</u> FEC ID number of contributing federal political committee. <u>C</u>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> Transaction ID: PR449155514309 Amount of Each Receipt this Period <input type="text"/> 845.00 P/R Deduction (\$300.00 Weekly)
Name of Employer Webster University Occupation Faculty Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 845.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1645.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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 54 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Margaret K Brown		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449160014309	
Mailing Address 1301 Oak Orchard River Road		Amount of Each Receipt this Period 255.00	
City Waterport State NY Zip Code 14571-9783	FEC ID number of contributing federal political committee. C		P/R Deduction (\$85.00 Weekly)
Name of Employer Anesthesia Care Associates, PLLC Occupation CRNA	Aggregate Year-to-Date 255.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

B. Full Name (Last, First, Middle Initial) Lavonna K Sanders		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449180914309	
Mailing Address 28750 East Apache Street		Amount of Each Receipt this Period 300.00	
City Catoosa State OK Zip Code 74015-5702	FEC ID number of contributing federal political committee. C		P/R Deduction (\$300.00 Weekly)
Name of Employer Sanders Nurse Anesthesia Services, Inc Occupation CRNA	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

C. Full Name (Last, First, Middle Initial) Ross M Howitt		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449181614309	
Mailing Address 411 N 6th St Apt1026		Amount of Each Receipt this Period 500.00	
City Emery State SD Zip Code 57332-2124	FEC ID number of contributing federal political committee. C		P/R Deduction (\$500.00 Weekly)
Name of Employer Anesthesia Caratine Occupation CRNA	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1055.00
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 55 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Rebecca P Manley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449190114309	
Mailing Address 16038 Essex Point Circle		Amount of Each Receipt this Period 300.00	
City Anchorage	State AK	Zip Code 99516-7574	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Alaska N Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Kim R Kammeier		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449195914309	
Mailing Address 5036 Bedford Avenue		Amount of Each Receipt this Period 250.00	
City Edina	State MN	Zip Code 55436-2110	P/R Deduction (\$250.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer Fair View Southdale Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Timothy L Murry		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449216914309	
Mailing Address 14226 Northridge Dr		Amount of Each Receipt this Period 150.00	
City Charlotte	State NC	Zip Code 28269-6208	P/R Deduction (\$150.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1150.00	
Name of Employer Carolinas Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

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: (check only one)	PAGE 56 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Pamela K Emerson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449227114309	
Mailing Address 891 Thomas Road		Amount of Each Receipt this Period 300.00	
City Lexington State NC Zip Code 27295-5640	FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$150.00 Weekly)	

Full Name (Last, First, Middle Initial) B. Christine A Mastic		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449230014309	
Mailing Address 231 Hollin Way		Amount of Each Receipt this Period 250.00	
City Winston Salem State NC Zip Code 27104-3691	FEC ID number of contributing federal political committee. C		
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Weekly)	

Full Name (Last, First, Middle Initial) C. Marianne C Rowe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449237014309	
Mailing Address 2340 Mountain Rd		Amount of Each Receipt this Period 225.00	
City Otisville State NY Zip Code 10963-2235	FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$225.00 Weekly)	

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 57 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Mary Beth T Zazzera		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449248414309	
Mailing Address RR1 Box 1370		Amount of Each Receipt this Period 250.00	
City Montrose	State PA	Zip Code 18801	P/R Deduction (\$250.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Lord's 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. Paula D Carroll		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449254414309	
Mailing Address 155 Idlewood Lane		Amount of Each Receipt this Period 250.00	
City Hartwell	State GA	Zip Code 30643-6507	P/R Deduction (\$250.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Locum Tenem	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) C. Janina Marcenaro		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449283114309	
Mailing Address 1314 Spring St Apt 212		Amount of Each Receipt this Period 200.00	
City Seattle	State WA	Zip Code 98104-1358	P/R Deduction (\$200.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

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: (check only one)	PAGE 58 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Heather S Waddell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449319314309	
Mailing Address 1035 Norman Dr		Amount of Each Receipt this Period 150.00	
City King State NC Zip Code 27021-8387	FEC ID number of contributing federal political committee. C		
Name of Employer King Outpatient Services Occupation CRNA	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$150.00 Weekly)		

Full Name (Last, First, Middle Initial) B. Michelle A Love-Baker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449324114309	
Mailing Address 3405 River Bend Rd		Amount of Each Receipt this Period 250.00	
City Muskogee State OK Zip Code 74403-2338	FEC ID number of contributing federal political committee. C		
Name of Employer Muskogee Regional Medical Center Occupation CRNA	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$250.00 Weekly)		

Full Name (Last, First, Middle Initial) C. Marcia A Zuzul		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449324714309	
Mailing Address 304 Brierwood Road		Amount of Each Receipt this Period 250.00	
City Statesville State NC Zip Code 28677-4126	FEC ID number of contributing federal political committee. C		
Name of Employer Rowan Regional Medial Center Occupation CRNA	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$250.00 Weekly)		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Francis X Feld Mailing Address 2057 Karen Drive City Pittsburgh State PA Zip Code 15237-1437 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449375014309 Amount of Each Receipt this Period 200.00
Name of Employer self Occupation crna Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$200.00 Weekly)

B. Full Name (Last, First, Middle Initial) David J Ware, II Mailing Address 402 Rebecca Ave City Hattiesburg State MS Zip Code 39401-3921 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449387514309 Amount of Each Receipt this Period 150.00
Name of Employer Self Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$150.00 Monthly)

C. Full Name (Last, First, Middle Initial) Delphos E Price, Jr Mailing Address 2622 Bardell Dr Sherwood Park II City Wilmington State DE Zip Code 19808-3025 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449388214309 Amount of Each Receipt this Period 200.00
Name of Employer Self Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	550.00
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 60 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Duane A Smith Mailing Address 6000 Stony Brook Dr City State Zip Code Manhattan KS 66503-9169 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449398014309 Amount of Each Receipt this Period 255.00 P/R Deduction (\$85.00 Weekly)
Name of Employer Self Employed Occupation Self Employed CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		

B. Full Name (Last, First, Middle Initial) Jeffrey B Cohen Mailing Address 2840 S Oakland Forest Dr #2403 City State Zip Code Oakland Park FL 33309-5649 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449398514309 Amount of Each Receipt this Period 1000.00 P/R Deduction (\$1000.00 Weekly)
Name of Employer self Occupation self CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Steven J Mund Mailing Address 2536 Tournament Players Cir N City State Zip Code Blaine MN 55449-5667 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449407914309 Amount of Each Receipt this Period 500.00 P/R Deduction (\$500.00 Monthly)
Name of Employer County Medical Center Occupation County Medical Center CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1755.00
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 61 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Gina M Kronenberg		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449423714309	
Mailing Address 3525 Ridgecrest Dr		Amount of Each Receipt this Period 150.00	
City Elko	State NV	Zip Code 89801-2453	P/R Deduction (\$150.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 650.00	
Name of Employer Self Employed	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) B. Patricia A Castilleja		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449430014309	
Mailing Address 125 Castle		Amount of Each Receipt this Period 400.00	
City Waco	State TX	Zip Code 76710-7206	P/R Deduction (\$400.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00	
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Zeata M Rowe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449432614309	
Mailing Address 1308 Southwood Drive		Amount of Each Receipt this Period 250.00	
City Lufkin	State TX	Zip Code 75904-4957	P/R Deduction (\$250.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer Self Employed	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
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 62 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Janet L Setnor		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449435314309	
Mailing Address 7766 Camp David Drive		Amount of Each Receipt this Period 250.00	
City Springfield	State VA	Zip Code 22153-2370	P/R Deduction (\$250.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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. Maribeth L Massie		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449463714309	
Mailing Address 219 E Churchill St		Amount of Each Receipt this Period 300.00	
City Baltimore	State MD	Zip Code 21230-3917	P/R Deduction (\$150.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Columbia University	Occupation Assist Program Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Rodney J Breaux, Jr		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449468914309	
Mailing Address 4014 Walnut Pond Drive		Amount of Each Receipt this Period 300.00	
City Houston	State TX	Zip Code 77059-4021	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
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 63 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Tonia L Browder		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 3216 Charleston		Transaction ID: PR449469114309		
City State Zip Code Houston TX 77021-1125	Amount of Each Receipt this Period _____ 255.00		P/R Deduction (\$85.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 255.00		
Name of Employer Rosewill Anesthesia	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Wendy G Langston		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1738 Bannockburn Dr		Transaction ID: PR449511814309		
City State Zip Code Columbia SC 29206-2929	Amount of Each Receipt this Period _____ 500.00		P/R Deduction (\$500.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 500.00		
Name of Employer Palmetto Richard Memorial Hospital	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles M Hagedorn		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 924 Patricia Dr		Transaction ID: PR449513114309		
City State Zip Code Falls City NE 68355-1300	Amount of Each Receipt this Period _____ 500.00		P/R Deduction (\$500.00 Weekly)	
FEC ID number of contributing federal political committee. C _____		Aggregate Year-to-Date ▼ _____ 500.00		
Name of Employer Self	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1255.00
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 64 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial)
Deborah A Cleary

Mailing Address 1108 Creek Cabin

City San Antonio State TX Zip Code 78253-5835

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

Name of Employer Wilford Hall Medical Ctr - Lockland AF Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR449522814309

Amount of Each Receipt this Period
255.00

P/R Deduction (\$85.00 Weekly)

B. Full Name (Last, First, Middle Initial)
Karen A Eisberner

Mailing Address 9902 River Edge Drive

City Marshfield State WI Zip Code 54449-8722

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

Name of Employer St. Joseph Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR449533814309

Amount of Each Receipt this Period
150.00

P/R Deduction (\$150.00 Monthly)

C. Full Name (Last, First, Middle Initial)
Kandi T Smith

Mailing Address 816 Pradera Ct E

City Fort Worth State TX Zip Code 76108-9595

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

Name of Employer Aloha Nurse Anesthesia Services, PC 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

Transaction ID: PR449539414309

Amount of Each Receipt this Period
365.00

P/R Deduction (\$365.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	770.00
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 65 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Carol Ann Della Vedova		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449567714309	
Mailing Address 4500 Post Rd Apt F60		Amount of Each Receipt this Period 300.00	
City Nashville	State TN	Zip Code 37205-1500	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Coleen D Walsh		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449576014309	
Mailing Address 4344 Stones River Court		Amount of Each Receipt this Period 2500.00	
City New Port Richey	State FL	Zip Code 34653-6137	P/R Deduction (\$2350.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 2500.00	
Name of Employer Mercy Hospital	Occupation Staff Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Sharon E Gillardi		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449578314309	
Mailing Address 4 Bryan Valley Court		Amount of Each Receipt this Period -150.00	
City O'Fallon	State MO	Zip Code 63366-3465	P/R Deduction (\$-150.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 200.00	
Name of Employer Woodsmill Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional) ▶	2650.00
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 66 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Rhett M Brown		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8831 Taunton Drive		Transaction ID: PR449590614309	
City State Zip Code Huntersville NC 28078-8513	Amount of Each Receipt this Period _____ 400.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer University Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 400.00		
		P/R Deduction (\$400.00 Weekly)	

Full Name (Last, First, Middle Initial) B. James E Fleitz		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 59 Griffith Creek Dr		Transaction ID: PR449598414309	
City State Zip Code Greer SC 29651-2300	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Mary Black Hsp	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		
		P/R Deduction (\$250.00 Monthly)	

Full Name (Last, First, Middle Initial) C. Kathleen T Murphy		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 307 Townleigh Rd		Transaction ID: PR449605414309	
City State Zip Code Reisterstown MD 21136-1417	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 399.00		
		P/R Deduction (\$200.00 Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 850.00
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 67 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Richard W Bennett Mailing Address 28 Stag Run City State Zip Code Sewell NJ 08080-3301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449613314309 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Weekly)
Name of Employer Self Employed Occupation Self Employed CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Gayle E Perry Mailing Address 380 S SR 434 STE 1004 PMB 268 City State Zip Code Altamonte Springs FL 32714 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449616414309 Amount of Each Receipt this Period 500.00 P/R Deduction (\$500.00 Weekly)
Name of Employer self Occupation self CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Arthur J Zwerling Mailing Address 8233 Brookside Road City State Zip Code Elkins Park PA 19027-2403 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449621414309 Amount of Each Receipt this Period 255.00 P/R Deduction (\$85.00 Weekly)
Name of Employer Foxchase Cancer Center Occupation Foxchase Cancer Center CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional)	1005.00
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 68 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Anna Wright Rockman		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 14895 Innerarity Point Rd		Transaction ID: PR449650114309
City Pensacola	State FL	Zip Code 32507-8479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation CRNA	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Ann Crowley		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 215 Murray Ave		Transaction ID: PR449658014309
City Kentfield	State CA	Zip Code 94904-2819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation CRNA	P/R Deduction (\$200.00 Weekly)
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) C. Jonna L Rice		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address Rt 2 - Box 464		Transaction ID: PR449682414309
City Point Pleasant	State WV	Zip Code 25550-9785
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer NAPS Incorporated	Occupation CRNA	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	800.00
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 69 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. John F Hanlon, Jr		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449691214309	
Mailing Address 16 Towhee Drive		Amount of Each Receipt this Period 300.00	
City Hudson	State NH	Zip Code 03051-3339	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Sharon K Hensley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449706614309	
Mailing Address 6224 Abiquiu Place NE		Amount of Each Receipt this Period 500.00	
City Albuquerque	State NM	Zip Code 87111-8177	P/R Deduction (\$85.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer Spectrum Healthcare	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Sherri L Reynolds		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449707414309	
Mailing Address 860 Craigmont Lane		Amount of Each Receipt this Period 500.00	
City Concord	State NC	Zip Code 28027-6442	P/R Deduction (\$500.00 Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer COG Presbyterian Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
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 70 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Ellen L Suelflow Mailing Address 1406 Fox Ln City Grafton State WI Zip Code 53024-9702 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449713514309 Amount of Each Receipt this Period 200.00 P/R Deduction (\$200.00 Weekly)
Name of Employer: UNC Hospitals, Chapel Hill, NC Occupation: Nurse Anesthetists Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Robert J Hawkins Mailing Address 317 Cheshire Forest Drive City Chesapeake State VA Zip Code 23322-7595 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449714014309 Amount of Each Receipt this Period 500.00 P/R Deduction (\$500.00 Weekly)
Name of Employer: Self Occupation: CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Randall G Richmond Mailing Address 883 E Plains-Port Hudson Rd City Zachary State LA Zip Code 70791-6026 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449746814309 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Monthly)
Name of Employer: Anesthesiology Group Associates, Inc. Occupation: CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)	950.00
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 71 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Sheryl R Sietsema Mailing Address 24929 407th Ave City Mitchell State SD Zip Code 57301-5202 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449746914309 Amount of Each Receipt this Period 150.00 P/R Deduction (\$150.00 Weekly)
Name of Employer Avera Queen of Peace Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Jason P Sirny Mailing Address 1845 Lincoln Rd City Macon State GA Zip Code 31211-1229 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449758714309 Amount of Each Receipt this Period 255.00 P/R Deduction (\$85.00 Weekly)
Name of Employer MEDICAL CENTER OF CENTRAL GEORGIA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 255.00	

C. Full Name (Last, First, Middle Initial) Ron S Seligman Mailing Address 222 Chestire Road City Severna Park State MD Zip Code 21146-3215 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449769614309 Amount of Each Receipt this Period 450.00 P/R Deduction (\$300.00 Weekly)
Name of Employer Comfortably Numb Anesthesia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	855.00
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 72 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Lorraine R Nelson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449875714309
Mailing Address 1491 Latigo Lane		Amount of Each Receipt this Period 300.00
City State Zip Code Flower Mound TX 75022-6588	FEC ID number of contributing federal political committee. C	P/R Deduction (\$300.00 Monthly)
Name of Employer Occupation Self Employed CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

Full Name (Last, First, Middle Initial) B. John F Garde		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449890114309
Mailing Address 44 Park Lane Apt 429		Amount of Each Receipt this Period 300.00
City State Zip Code Park Ridge IL 60068-2830	FEC ID number of contributing federal political committee. C	P/R Deduction (\$300.00 Weekly)
Name of Employer Occupation ANA Academy Interim Director	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Lee D Albee		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449912214309
Mailing Address 2205 South 4th Street		Amount of Each Receipt this Period 500.00
City State Zip Code Leavenworth KS 66048-4508	FEC ID number of contributing federal political committee. C	P/R Deduction (\$500.00 Monthly)
Name of Employer Occupation Anesthesia Service P.A. CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
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 73 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Marvin T Colyer Mailing Address 1005 Cedar Ridge Dr City Houston State MO Zip Code 65483-2100 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR449941814309 Amount of Each Receipt this Period 200.00 P/R Deduction (\$200.00 Weekly)
Name of Employer Texas County Memorial Hospital Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Jack M Neary Mailing Address 410 Hooper Hill Road City Groton State VT Zip Code 05046-3559 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450059614309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Weekly)
Name of Employer Cottage Hospital Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Michael P Troddyn Mailing Address 90 Barry Road City Worcester State MA Zip Code 01609-1136 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450077014309 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Weekly)
Name of Employer Self Employed Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
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 74 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Bernadette P Miller		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450095214309	
Mailing Address 3114 E Captain Dreyfus Ave		Amount of Each Receipt this Period 300.00	
City State Zip Code Phoenix AZ 85032-6579	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Carl t. Haydon VAMC CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		
		P/R Deduction (\$300.00 Weekly)	

Full Name (Last, First, Middle Initial) B. John C Petersen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450111614309	
Mailing Address 442 Treasure Lake		Amount of Each Receipt this Period 250.00	
City State Zip Code Dubois PA 15801-9010	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation DRMC, DuBois, PA CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		
		P/R Deduction (\$250.00 Monthly)	

Full Name (Last, First, Middle Initial) C. Gary L Tilley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450113214309	
Mailing Address 103 Woodside Dr		Amount of Each Receipt this Period 300.00	
City State Zip Code Bay City TX 77414-2151	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Memorial Medical Center CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		
		P/R Deduction (\$300.00 Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
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 75 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Bonni B Stancoven Mailing Address 1710 Camelot Drive City State Zip Code Orange TX 77630-3023 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450116614309 Amount of Each Receipt this Period 250.00
Name of Employer Golden Triangle Anest Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Weekly)

B. Full Name (Last, First, Middle Initial) Tracy E Castleman Mailing Address 144 Coachman Drive N City State Zip Code Freehold NJ 07728-3153 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450157014309 Amount of Each Receipt this Period 1500.00
Name of Employer Mommeuth Anesthesia Associates Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	P/R Deduction (\$1200.00 Weekly)

C. Full Name (Last, First, Middle Initial) Stephanie J Davis Mailing Address 416 Queen St City State Zip Code Alexandria VA 22314-2621 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450167714309 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Nurse Anesthetist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	2000.00
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 76 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Patrick G Tansey		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 402 B131 St		Transaction ID: PR450218014309	
City State Zip Code Belle Harbor NY 11694	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Memorial Sloan Kettering Cancer Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$300.00 Weekly)	

Full Name (Last, First, Middle Initial) B. Glenna S Bond		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9760 136th Street North		Transaction ID: PR450228914309	
City State Zip Code Seminole FL 33776-1429	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Largo Anesthesia	Occupation crna		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$300.00 Weekly)	

Full Name (Last, First, Middle Initial) C. Peggy A Hinderliter		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 300 Timber Lane		Transaction ID: PR450244814309	
City State Zip Code East Peoria IL 61611-1630	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Associated Anesthesiologist	Occupation Nurse Anesthetist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$300.00 Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 900.00
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 77 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Joan M Thorne		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9065 Post Oak Lane		Transaction ID: PR450251514309	
City Memphis	State TN	Zip Code 38125-4400	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer St. Jude Children's Research Hosp	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
		P/R Deduction (\$400.00 Weekly)	

Full Name (Last, First, Middle Initial) B. George H Grazul		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 303 Westchester Drive		Transaction ID: PR450253114309	
City Saginaw	State MI	Zip Code 48603-6250	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
		P/R Deduction (\$500.00 Weekly)	

Full Name (Last, First, Middle Initial) C. John L Konz		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 326 S Highland Ave		Transaction ID: PR450269114309	
City New Ulm	State MN	Zip Code 56073-3316	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			
Name of Employer New Ulm Medical Center	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00		
		P/R Deduction (\$120.00 Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	1020.00
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 78 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Judith Gibson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450271214309	
Mailing Address 2879 Hickory Hill Drive		Amount of Each Receipt this Period 300.00	
City Norristown	State PA	Zip Code 19403-0947	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Fornance Physicians	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Christine M Allen-Sanders		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450279114309	
Mailing Address 6012 Brookside Drive		Amount of Each Receipt this Period 300.00	
City Export	State PA	Zip Code 15632-8972	P/R Deduction (\$300.00 Monthly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer VA Hospital - Pittsburgh, PA	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Edith June St Pierre		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450279314309	
Mailing Address PO Box 2453		Amount of Each Receipt this Period 330.00	
City Augusta	State ME	Zip Code 04338-2453	P/R Deduction (\$330.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 480.00	
Name of Employer VA New England Health Care	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	930.00
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 79 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Mary Berger		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 38 Franklin Street		Transaction ID: PR450293114309	
City Northampton	State MA	Zip Code 01060-2039	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Weekly)	

Full Name (Last, First, Middle Initial) B. Dwight C Williams		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8585 Spicewood Springs Rd Apt 832		Transaction ID: PR450336614309	
City Austin	State TX	Zip Code 78759-4461	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 750.00		
		P/R Deduction (\$250.00 Monthly)	

Full Name (Last, First, Middle Initial) C. Charles E Joshlin		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2202 NW 15th St		Transaction ID: PR450341314309	
City Battle Ground	State WA	Zip Code 98604-4433	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Family Bruce Center Anesthesia Service	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		
		P/R Deduction (\$300.00 Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 850.00
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 80 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Louise E E. Hershkowitz		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2020 Turtle Pond Drive		Transaction ID: PR450345914309	
City Reston	State VA	Zip Code 20191-4048	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Fair Oaks Anesthesia Associates, Inc.	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 350.00	P/R Deduction (\$150.00 Weekly)	

Full Name (Last, First, Middle Initial) B. Deborah A Fenyak		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 15024 Greymont Drive		Transaction ID: PR450347014309	
City Centreville	State VA	Zip Code 22020-1521	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00	P/R Deduction (\$300.00 Weekly)	

Full Name (Last, First, Middle Initial) C. Keith A Baker		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address PO Box 62		Transaction ID: PR450348514309	
City Drexel	State NC	Zip Code 28619-0062	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Grace Hospital	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00	P/R Deduction (\$250.00 Weekly)	

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: (check only one)	PAGE 81 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Layne B Croxford Mailing Address 2430 East 50 South City Layton State UT Zip Code 84040-7482 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450352014309 Amount of Each Receipt this Period 300.00
Name of Employer Self Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$300.00 Weekly)

B. Full Name (Last, First, Middle Initial) Ronald P DeBlanc Mailing Address 605 St Louis City Lafayette State LA Zip Code 70506-4415 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450358514309 Amount of Each Receipt this Period 250.00
Name of Employer Professional Anesthesia Serv. Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Weekly)

C. Full Name (Last, First, Middle Initial) Martha Dukes Kral Mailing Address 803 Suncrest Blvd City Savannah State GA Zip Code 31410-1316 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450363714309 Amount of Each Receipt this Period 1550.00
Name of Employer Self Employed Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	P/R Deduction (\$150.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	2100.00
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 82 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Melvin L Atchison		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450364114309
Mailing Address 107 Macinnes Ct		Amount of Each Receipt this Period 1000.00
City State Zip Code Napa CA 94558-3159	FEC ID number of contributing federal political committee. C	P/R Deduction (\$1000.00 Weekly)
Name of Employer Occupation Self Employed CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Larry G Hornsby		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450374214309
Mailing Address 3310 Kelly Creek Rd S		Amount of Each Receipt this Period 2600.00
City State Zip Code Moody AL 35004-2111	FEC ID number of contributing federal political committee. C	P/R Deduction (\$150.00 Weekly)
Name of Employer Occupation Anesthesia Resource Manag- CRNA erment	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2600.00	

C. Full Name (Last, First, Middle Initial) Sheila O Burgess		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450388814309
Mailing Address 2814 Hammond Drive		Amount of Each Receipt this Period 400.00
City State Zip Code Grand Prairie TX 75052-8372	FEC ID number of contributing federal political committee. C	P/R Deduction (\$400.00 Weekly)
Name of Employer Occupation J PS Health Network CRNA	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
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 83 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Tammy L Cunningham		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4516 Country Club Blvd		Transaction ID: PR450389514309	
City State Zip Code South Charleston WV 25309-2506	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Occupation CRNA	Aggregate Year-to-Date ▼ _____ 300.00		P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Margaret Grimes Teele		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9638 Roark's Passage		Transaction ID: PR450390914309	
City State Zip Code Missouri City TX 77459-6232	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Employed Occupation CRNA	Aggregate Year-to-Date ▼ _____ 300.00		P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Gina M Mason		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24198 High Ave		Transaction ID: PR450393914309	
City State Zip Code Tomah WI 54660-5337	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Gundersen Lutheran Medical Center Occupation CRNA	Aggregate Year-to-Date ▼ _____ 500.00		P/R Deduction (\$500.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1100.00
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 84 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Dennis C Bless		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6484 Promontory Dr		Transaction ID: PR450405114309
City Eden Prairie	State MN	Zip Code 55346-1913
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 730.00
Name of Employer Fair View Southdale Hospital	Occupation CRNA	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) B. Mark J Huether		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9 Lauren Lane		Transaction ID: PR450408714309
City Foxboro	State MA	Zip Code 02035-3029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Anesthesia Clinical Office	Occupation CRNA	P/R Deduction (\$200.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Tracy A Maxwell		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 612 Compton Ave		Transaction ID: PR450423114309
City Champaign	State IL	Zip Code 61822-2343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Carle Clinic	Occupation CRNA	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1230.00
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 85 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Rosemarie Olivo Okal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450438814309	
Mailing Address 7421 Tattersall Drive		Amount of Each Receipt this Period 250.00	
City Chesterland	State OH	Zip Code 44026-2036	P/R Deduction (\$250.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00	
Name of Employer Cleveland Clinic	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Vance A Crain		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450448114309	
Mailing Address 9820 Lee Cir		Amount of Each Receipt this Period 60.00	
City Leawood	State KS	Zip Code 66206-2346	P/R Deduction (\$20.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00	
Name of Employer Truman Medical Center	Occupation Nurse Anesthesia Instructor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Clinton E Fletcher		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450454414309	
Mailing Address 73 Governors Way		Amount of Each Receipt this Period 300.00	
City Brentwood	State TN	Zip Code 37027-8926	P/R Deduction (\$300.00 Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	610.00
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 86 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Stephen D Baumgartner		Date of Receipt
Mailing Address 3300 Coulter Suite 3 box 153		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Amarillo TX 79106-2721	Transaction ID: PR450470214309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Nurse Anesthetist	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Lisa M Farry		Date of Receipt
Mailing Address 255 Plum St		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Valparaiso IN 46383-4651	Transaction ID: PR450475114309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 405.00
Name of Employer great lakes anesthesia, pc	Occupation CRNA	P/R Deduction (\$85.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) C. S Alison S Braden		Date of Receipt
Mailing Address PO Box 310171		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code New Braunfels TX 78131-0171	Transaction ID: PR450493814309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
Name of Employer Self	Occupation CRNA	P/R Deduction (\$300.00 Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

SUBTOTAL of Receipts This Page (optional) ▶	2105.00
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 87 / 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Mary K O'Brien Mailing Address 615 Redbird Run City State Zip Code Tiffin IA 52340-9434 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450494314309 Amount of Each Receipt this Period 60.00 P/R Deduction (\$20.00 Weekly)
Name of Employer University of Iowa Dept. of Anesthesia Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		

B. Full Name (Last, First, Middle Initial) Darin D Stewart Mailing Address 678 Grandview Rd City State Zip Code Daniels WV 25832-9597 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450711714309 Amount of Each Receipt this Period 500.00 P/R Deduction (\$500.00 Weekly)
Name of Employer Beckley Appalachian Regional Hospital Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Layne L Blackstone Mailing Address 4969 North Rainbriar Path City State Zip Code Crystal River FL 34428-6411 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450742814309 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Weekly)
Name of Employer Seven Rivers Regional Medical Center Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	810.00
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 88 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Ellen Elizabeth Kraus-Schaeffer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450748714309	
Mailing Address 10323 N Prairie Dr		Amount of Each Receipt this Period 350.00	
City State Zip Code Spokane WA 99208-9599	FEC ID number of contributing federal political committee. C		
Name of Employer Holy Family Hospital Occupation CRNA	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$200.00 Weekly)		

Full Name (Last, First, Middle Initial) B. Lee A Bias		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450749614309	
Mailing Address 238 Bartow Dr		Amount of Each Receipt this Period 150.00	
City State Zip Code Barboursville WV 25504-1126	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$150.00 Monthly)		

Full Name (Last, First, Middle Initial) C. Dianne M Murphy		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450754814309	
Mailing Address 109 Willow St		Amount of Each Receipt this Period 250.00	
City State Zip Code Waterbury CT 06710-2012	FEC ID number of contributing federal political committee. C		
Name of Employer Hartford Anesthesia Associates Occupation CRNA	Aggregate Year-to-Date ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$250.00 Monthly)		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 89 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Karl W Hare		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450775814309
Mailing Address 7305 N 17th St		Amount of Each Receipt this Period 1000.00
City Mcallen State TX Zip Code 78504-3269		
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Svc Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$1000.00 Weekly)

Full Name (Last, First, Middle Initial) B. Lori J Carmen		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450798014309
Mailing Address 62002 NBU 20		Amount of Each Receipt this Period 250.00
City Espanola State NM Zip Code 87532-2711		
FEC ID number of contributing federal political committee. C		
Name of Employer LCT, Inc. Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Weekly)

Full Name (Last, First, Middle Initial) C. Edward S Matthews		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450798514309
Mailing Address 207 Radnor Ct		Amount of Each Receipt this Period 250.00
City Benicia State CA Zip Code 94510-1516		
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
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 90 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Uwe G Klemm		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450816714309
Mailing Address 2247 Galahad Dr		Amount of Each Receipt this Period 250.00
City Indianapolis State IN Zip Code 46228-2233	FEC ID number of contributing federal political committee. C	
Name of Employer VA Medical Center Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00		P/R Deduction (\$250.00 Weekly)

B. Full Name (Last, First, Middle Initial) Dianna M Heikkila		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450832614309
Mailing Address 12287 W La Grange St		Amount of Each Receipt this Period 350.00
City Boise State ID Zip Code 83709-8127	FEC ID number of contributing federal political committee. C	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 350.00		P/R Deduction (\$150.00 Weekly)

C. Full Name (Last, First, Middle Initial) Leesa F Davis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450838514309
Mailing Address 338 Colinswood Dr		Amount of Each Receipt this Period 300.00
City Fayetteville State NC Zip Code 28303-5112	FEC ID number of contributing federal political committee. C	
Name of Employer Cape Fear Valley Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00		P/R Deduction (\$300.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	900.00
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 91 / 131

(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 Seperate Segregated Fund

<p>A. Full Name (Last, First, Middle Initial) Darren M Elliott</p>		<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y</p>
<p>Mailing Address 301 Circle Dr</p>		<p>Transaction ID: PR450869314309</p>
<p>City State Zip Code Moberly MO 65270-3230</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>P/R Deduction (\$100.00 Monthly)</p>
<p>Name of Employer</p>	<p>Occupation</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>	

<p>B. Full Name (Last, First, Middle Initial) Melissa G Harper</p>		<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y</p>
<p>Mailing Address 380 Gardner Lane</p>		<p>Transaction ID: PR450875814309</p>
<p>City State Zip Code Greenville KY 42345-3694</p>	<p>Amount of Each Receipt this Period</p> <p>950.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>P/R Deduction (\$300.00 Weekly)</p>
<p>Name of Employer Anesthesia Services</p>	<p>Occupation CRNA</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼</p> <p>950.00</p>	

<p>C. Full Name (Last, First, Middle Initial) Lisa D Green</p>		<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y</p>
<p>Mailing Address 101 Foxwood Way</p>		<p>Transaction ID: PR450881514309</p>
<p>City State Zip Code Attalla AL 35954-3519</p>	<p>Amount of Each Receipt this Period</p> <p>250.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>		<p>P/R Deduction (\$250.00 Weekly)</p>
<p>Name of Employer Self</p>	<p>Occupation CRNA</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼</p> <p>250.00</p>	

SUBTOTAL of Receipts This Page (optional)

1300.00

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 92 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Kimberly L Fewins Mailing Address 3556 W Arbutus Dr City Okemos State MI Zip Code 48864-4004 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450891314309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$300.00 Weekly)
Name of Employer Sparrow Hospital Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Steven J Waldorf Mailing Address 7480 Indigo Circle City Middleton State WI Zip Code 53562-4196 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450914414309 Amount of Each Receipt this Period 250.00 P/R Deduction (\$250.00 Weekly)
Name of Employer Self Employed Occupation Nurse Anesthetist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Christina A Cowgill Mailing Address PO Box 575 City Vernon State AZ Zip Code 85940-0575 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR450956314309 Amount of Each Receipt this Period 100.00 P/R Deduction (\$100.00 Weekly)
Name of Employer Mayo Clinic Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 131
	<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 Seperate Segregated Fund

A. Full Name (Last, First, Middle Initial) Brenda S Kutterer Mailing Address 8712 NW 83rd St City State Zip Code Kansas City MO 64152-4181 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR451012914309 Amount of Each Receipt this Period 400.00 P/R Deduction (\$400.00 Weekly)
Name of Employer Occupation Truman Medical Center CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Patricia A Schane Mailing Address 1281 Cutter Lane City State Zip Code Park City UT 84098-7551 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR451050414309 Amount of Each Receipt this Period 300.00 P/R Deduction (\$200.00 Weekly)
Name of Employer Occupation Self CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Christina Arpin Pollet Mailing Address 80324 N Willie Road City State Zip Code Folsom LA 70437-7408 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR451050514309 Amount of Each Receipt this Period 50.00 P/R Deduction (\$50.00 Weekly)
Name of Employer Occupation St. Tamly Parrish Hospital CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
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 94 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Kevin J Cardinal		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR451059014309
Mailing Address 1426 N Innsbruck Dr		Amount of Each Receipt this Period 705.00
City Fridley	State MN	Zip Code 55432-5920
FEC ID number of contributing federal political committee. C		P/R Deduction (\$105.00 Weekly)
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1055.00	

Full Name (Last, First, Middle Initial) B. JoAnn K Platko		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR451067814309
Mailing Address 49 Patrick Henry Drive		Amount of Each Receipt this Period 150.00
City Hanover Township	State PA	Zip Code 18706-4170
FEC ID number of contributing federal political committee. C		P/R Deduction (\$150.00 Weekly)
Name of Employer Wyoming Valley Healthcare	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Egbert J Collins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR451071814309
Mailing Address 2828 Rosemeade Dr		Amount of Each Receipt this Period 300.00
City Fayetteville	State NC	Zip Code 28306-9102
FEC ID number of contributing federal political committee. C		P/R Deduction (\$300.00 Weekly)
Name of Employer Self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1155.00
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 95 / 131
	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Mindy K Miller		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2014 SW Sage Circle		Transaction ID: PR451076914309	
City Ankeny State IA Zip Code 50023-8210	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 300.00		P/R Deduction (\$300.00 Weekly)

Full Name (Last, First, Middle Initial) B. Bill M Matheis		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5942 Hayter Ave		Transaction ID: PR451087914309	
City Lakewood State CA Zip Code 90712-1046	Amount of Each Receipt this Period _____ 255.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer SAFE Anesthesia		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 255.00		P/R Deduction (\$85.00 Weekly)

Full Name (Last, First, Middle Initial) C. Rachel I Imsande		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4388 Jacari Dr SE		Transaction ID: PR451101814309	
City Bemidji State MN Zip Code 56601-7963	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Ray scheffland Anesthesia		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 250.00		P/R Deduction (\$200.00 Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 755.00
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 96 / 131

(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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Stacey L Whittington		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 169 Woodland Ave		Transaction ID: PR451159714309	
City State Zip Code Old Town ME 04468-5923	Amount of Each Receipt this Period _____ 1150.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$1000.00 Weekly)		
Name of Employer Occupation Locum Tenem CRNA	Aggregate Year-to-Date ▼ _____ 1150.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. B Charlene Stephens		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1250 NE 39th St		Transaction ID: PR455480914309	
City State Zip Code Pompano Beach FL 33064-6157	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$100.00 Weekly)		
Name of Employer Occupation Self CRNA	Aggregate Year-to-Date ▼ _____ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Teresa Marrero Johnson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5417 Crestwood Drive		Transaction ID: PR912909514309	
City State Zip Code Knoxville TN 37914-5171	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$200.00 Weekly)		
Name of Employer Occupation The Vision Surgery Center of Knoxville CRNA	Aggregate Year-to-Date ▼ _____ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 1450.00
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 97 / 131	
	(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"/> 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 Seperate Segregated Fund

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

Mailing Address 908 N Main St

City Brewer State ME Zip Code 04412-1226

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

Name of Employer Nurse Anesthesia of Maine Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y

Transaction ID: PR962631214309

Amount of Each Receipt this Period
210.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	210.00
TOTAL This Period (last page this line number only)	▶	106751.00

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. CAPTEL		Transaction ID: 23882765 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 300 Fifth Street, NE		Amount of Each Disbursement this Period 9341.27
City Washington State DC Zip Code 20002	Purpose of Disbursement Telemarketing Fundraising Costs Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Telemarketing Fundraising Costs

Full Name (Last, First, Middle Initial) B. CAPTEL		Transaction ID: 23882806 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 300 Fifth Street, NE		Amount of Each Disbursement this Period 22006.29
City Washington State DC Zip Code 20002	Purpose of Disbursement Telemarketing Fundraising Costs Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Telemarketing Fundraising Costs

Full Name (Last, First, Middle Initial) C. Vocus (aka Cap Hill Software)		Transaction ID: 23935139 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 4325-E Forbes Boulevard		Amount of Each Disbursement this Period 2662.00
City Lanham State MD Zip Code 20706	Purpose of Disbursement Database Software Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Database Software

SUBTOTAL of Disbursements This Page (optional) ▶	34009.56
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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. CAPTEL		Transaction ID: 23940996 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 300 Fifth Street, NE		Amount of Each Disbursement this Period 12133.78
City Washington State DC Zip Code 20002	Purpose of Disbursement Telemarketing Fundraising Costs Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Telemarketing Fundraising Costs

Full Name (Last, First, Middle Initial) B. AANA		Transaction ID: 24000398 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 222 S. Prospect		Amount of Each Disbursement this Period 17446.05
City Park Ridge State IL Zip Code 60068	Purpose of Disbursement admin fees: allocated salary/rent/suppli Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	admin fees: allocated salary/rent/supplies

Full Name (Last, First, Middle Initial) C. Jodi Chappell		Transaction ID: 24033864 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6
Mailing Address 412 First Street, SE #12		Amount of Each Disbursement this Period 1769.24
City Washington State DC Zip Code 20003-1804	Purpose of Disbursement Reimbursement for Travel to Fundraising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Reimbursement for Travel to Fundraising Event

SUBTOTAL of Disbursements This Page (optional) ▶	31349.07
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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	<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Morgan, Meredith and Assoc

Mailing Address 2875 Towerview Road, Suite 1000

City Herndon State VA Zip Code 20171

Purpose of Disbursement
Vendor Payment for Fundraising Mail to A

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 24033863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Vendor Payment for Fundraising Mail to AANA Member for CRNA-PAC

SUBTOTAL of Disbursements This Page (optional) ►

1120.68

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

66479.31

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)

PAGE 101 / 131

<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 Seperate Segregated Fund

<p>A. Full Name (Last, First, Middle Initial) Kay Bailey Hutchison For Senate Committee</p> <p>Mailing Address PO Box 9190 800 Brazos Suite 1200</p> <p>City Dallas State TX Zip Code 75209</p> <p>Purpose of Disbursement Federal Campaign Contribution</p> <p>Candidate Name Sen. Kay Bailey Hutchison</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 23768814 Date of Disbursement: 04 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Campaign Contribu- tion</p>
<p>B. Full Name (Last, First, Middle Initial) Sanford D Bishop Jr for Congress</p> <p>Mailing Address 1909 Devon Dr</p> <p>City Albany State GA Zip Code 31707</p> <p>Purpose of Disbursement Federal Campaign Contribution</p> <p>Candidate Name Sanford D. Bishop, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 2</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 23782530 Date of Disbursement: 04 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Campaign Contribu- tion</p>
<p>C. Full Name (Last, First, Middle Initial) Lincoln Chafee US Senate</p> <p>Mailing Address PO Box 7329</p> <p>City Warwick State RI Zip Code 02887</p> <p>Purpose of Disbursement Federal Campaign Contribution</p> <p>Candidate Name Lincoln Chafee</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 23783224 Date of Disbursement: 04 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Campaign Contribu- tion</p>

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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Tom Allen For Congress Committee		Transaction ID: 23782532 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address P.O. Box 17766		Amount of Each Disbursement this Period 1500.00	
City Portland	State ME	Zip Code 04112	011 Category/ Type
Purpose of Disbursement Federal Campaign Contribution		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Thomas H. Allen			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ME District: 1	Federal Campaign Contribution	

Full Name (Last, First, Middle Initial) B. Tom Allen For Congress Committee		Transaction ID: 23782536 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address P.O. Box 17766		Amount of Each Disbursement this Period 1000.00	
City Portland	State ME	Zip Code 04112	011 Category/ Type
Purpose of Disbursement Federal Campaign Contribution		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Thomas H. Allen			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ME District: 1	Federal Campaign Contribution	

Full Name (Last, First, Middle Initial) C. Geoff Davis For Congress		Transaction ID: 23897902 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6	
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1000.00	
City Erlanger	State KY	Zip Code 41018	011 Category/ Type
Purpose of Disbursement Federal Campaign Contribution		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Geoffrey Davis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 4	Federal Campaign Contribution	

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)

PAGE 103 / 131

<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Friends of John Boehner		Transaction ID: 23915605 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 7908 Cincinnati-Dayton Road Suite 1		Amount of Each Disbursement this Period 5000.00
City West Chester State OH Zip Code 45069	011 Category/Type federal campaign contribution	
Purpose of Disbursement federal campaign contribution		
Candidate Name John Boehner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E	

Full Name (Last, First, Middle Initial) B. Cantor for Congress		Transaction ID: 23915603 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	011 Category/Type federal campaign contribution	
Purpose of Disbursement federal campaign contribution		
Candidate Name Eric Cantor, `		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. People with Hart		Transaction ID: 23915606 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1500.00
City Wexford State PA Zip Code 15090	011 Category/Type federal campaign contribution	
Purpose of Disbursement federal campaign contribution		
Candidate Name Melissa Hart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Rangel for Congress		Transaction ID: 23915602 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 635 B Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type Federal Campaign Contribu- tion	
Purpose of Disbursement Federal Campaign Contribution		
Candidate Name Charles B. Rangel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rangel for Congress		Transaction ID: 23915604 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 635 B Pennsylvania Avenue, SE		Amount of Each Disbursement this Period -1000.00
City Washington State DC Zip Code 20003	011 Category/ Type Void - Rangel for Congress	
Purpose of Disbursement Void - Rangel for Congress		
Candidate Name Charles B. Rangel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rangel for Congress		Transaction ID: 23915608 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 635 B Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type federal campaign contribu- tion	
Purpose of Disbursement federal campaign contribution		
Candidate Name Charles B. Rangel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

PAGE 105 / 131

<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 Seperate Segregated Fund

<p>A. Stabenow for Senate</p> <p>Full Name (Last, First, Middle Initial) Stabenow for Senate</p> <p>Mailing Address P.O. Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement federal campaign contribution</p> <p>Candidate Name Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 2</p>		<p>Transaction ID: 23915607</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>011 Category/ Type</p> <p>federal campaign contribu- tion</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Doyle For Congress Committee</p> <p>Full Name (Last, First, Middle Initial) Doyle For Congress Committee</p> <p>Mailing Address 2227 Hampton St</p> <p>City Pittsburgh State PA Zip Code 15218</p> <p>Purpose of Disbursement federal campaign contribution</p> <p>Candidate Name Michael F. Doyle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 18</p>		<p>Transaction ID: 23916329</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>011 Category/ Type</p> <p>federal campaign contribu- tion</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		

<p>C. Ron Lewis for Congress</p> <p>Full Name (Last, First, Middle Initial) Ron Lewis for Congress</p> <p>Mailing Address P.O. Box 307</p> <p>City Elizabethtown State KY Zip Code 42702</p> <p>Purpose of Disbursement federal campaign contribution</p> <p>Candidate Name Ron Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 2</p>		<p>Transaction ID: 23916457</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>011 Category/ Type</p> <p>federal campaign contribu- tion</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>2006 General E</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

**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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Hillary Rodham Clinton For U S Senate		Transaction ID: 23919217 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 450 Seventh Avenue Suite 804		Amount of Each Disbursement this Period 500.00
City New York State NY Zip Code 10123	011 Category/ Type federal campaign contribu- tion	
Purpose of Disbursement federal campaign contribution		
Candidate Name Hillary Clinton		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E	

Full Name (Last, First, Middle Initial) B. Enzi For US Senate		Transaction ID: 23940759 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address PO Box 907		Amount of Each Disbursement this Period 1000.00
City Gillette State WY Zip Code 82717	011 Category/ Type federal campaign contribu- tion	
Purpose of Disbursement federal campaign contribution		
Candidate Name Mr. Michael B. Enzi		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Johnson for Congress		Transaction ID: 23953405 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 2500.00
City New Britain State CT Zip Code 06050	011 Category/ Type federal campaign contribu- tion	
Purpose of Disbursement federal campaign contribution		
Candidate Name Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E	

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

**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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. LaTourette for Congress		Transaction ID: 23953398 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 4451 Brookfield Corp. Dr., #200		Amount of Each Disbursement this Period 1000.00	
City Chantilly State VA Zip Code 20151	Purpose of Disbursement federal campaign contribution Candidate Name Steven C. LaTourette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E	011 Category/Type federal campaign contribu- tion

Full Name (Last, First, Middle Initial) B. LEE PAC		Transaction ID: 23953407 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address 2875 Towerview Rd		Amount of Each Disbursement this Period 2500.00	
City Herndon State VA Zip Code 20171	Purpose of Disbursement Federal leadership PAC contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type Federal leadership PAC co- ntribution

Full Name (Last, First, Middle Initial) C. Hawkeye PAC		Transaction ID: 23953402 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 5000.00	
City Des Moines State IA Zip Code 50309	Purpose of Disbursement Federal Leadership PAC Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/Type Federal Leadership PAC Co- ntribution

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶

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

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

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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	<input type="checkbox"/> 30b

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

<p>A. People with Hart</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 435</p> <p>City Wexford State PA Zip Code 15090</p> <p>Purpose of Disbursement Federal Campaign Contribution</p> <p>Candidate Name Melissa Hart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4</p>		<p>Transaction ID: 23976509 Date of Disbursement 05 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Campaign Contribu- tion</p>
<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E</p>		

<p>B. Mike McIntyre For Congress</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1701 North Chestnut Street</p> <p>City Lumberton State NC Zip Code 28358</p> <p>Purpose of Disbursement Federal Campaign Contribution</p> <p>Candidate Name Mr. Mike McIntyre</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 7</p>		<p>Transaction ID: 23983522 Date of Disbursement 05 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Campaign Contribu- tion</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>C. Charlie Dent For Congress</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Federal Campaign Contribution</p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p>		<p>Transaction ID: 23979893 Date of Disbursement 05 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Campaign Contribu- tion</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

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

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	<input type="checkbox"/> 30b

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

A. LINCPAC Full Name (Last, First, Middle Initial) Mailing Address 301 4th Street NE 2nd Floor City Washington State DC Zip Code 20002 Purpose of Disbursement Federal Leadership PAC contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 23983553 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type 011 Federal Leadership PAC contribution
---	--	--

B. Friends of Max Baucus Full Name (Last, First, Middle Initial) Mailing Address 236 Massachusetts Avenue, NE Suite 202 City Washington State DC Zip Code 20002 Purpose of Disbursement Federal Campaign Contribution Candidate Name Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E		Transaction ID: 24033857 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 Category/Type 011 Federal Campaign Contribution
---	--	--

C. Friends of Lois Capps Full Name (Last, First, Middle Initial) Mailing Address c/o Erickson & Co., 38 Ivy St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement Federal Campaign Contribution Candidate Name Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 24033859 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 Category/Type 011 Federal Campaign Contribution
--	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Seperate Segregated Fund

<p>A. Full Name (Last, First, Middle Initial) Kildee for Congress</p> <p>Mailing Address P.O. Box 317</p> <p>City Flint State MI Zip Code 48501</p> <p>Purpose of Disbursement Federal Campaign Contribution</p> <p>Candidate Name Dale E. Kildee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 9</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24033866 Date of Disbursement 05 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Campaign Contribu- tion</p>
<p>B. Full Name (Last, First, Middle Initial) Landrieu for Senate</p> <p>Mailing Address 650 Poydras St Suite 1434</p> <p>City New Orleans State LA Zip Code 70130</p> <p>Purpose of Disbursement Federal Campaign Contribution</p> <p>Candidate Name Mary L. Landrieu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 2</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24033860 Date of Disbursement 05 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Campaign Contribu- tion</p>
<p>C. Full Name (Last, First, Middle Initial) Friends For Dix Congressional Committee</p> <p>Mailing Address PO Box 613 PO Box 220</p> <p>City Waverly State IA Zip Code 50677</p> <p>Purpose of Disbursement Federal Campaign Contribution</p> <p>Candidate Name Mr. William Dix</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24036069 Date of Disbursement 05 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Federal Campaign Contribu- tion</p>

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)

<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Simpson For Congress		Transaction ID: 24047786 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address 786 Hoff Drive		Amount of Each Disbursement this Period 1000.00 Federal Campaign Contribution
City Blackfoot State ID Zip Code 83221		
Purpose of Disbursement Federal Campaign Contribution Candidate Name Michael K. Simpson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 2	011 Category/Type	

Full Name (Last, First, Middle Initial) B. Committee for Preservation of Capitalism		Transaction ID: 24050843 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 22614		Amount of Each Disbursement this Period 1500.00 Contribution
City Alexandria State VA Zip Code 22304		
Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/Type	

Full Name (Last, First, Middle Initial) C. Freedom Project		Transaction ID: 24050838 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 507		Amount of Each Disbursement this Period 2500.00 Contribution
City Wt Chester State OH Zip Code 45071		
Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Keep Nick Rahall In Congress Comm.		Transaction ID: 24050845 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 1801 Harper Rd		Amount of Each Disbursement this Period 1000.00 Contribution
City Beckley State WV Zip Code 25801	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Nick J. Rahall, II		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. TOMPAC		Transaction ID: 24060400 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 16488		Amount of Each Disbursement this Period 1000.00 Contribution
City Arlington State VA Zip Code 22215	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sanders for Congress		Transaction ID: 24065081 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 5000.00 Contribution
City Burlington State VT Zip Code 05402	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Bernard Sanders		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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 Seperate Segregated Fund

<p>A. Sue Kelly For Congress</p> <p>Full Name (Last, First, Middle Initial) Sue Kelly For Congress</p> <p>Mailing Address 660 White Plains Rd Ste 4 Room 410</p> <p>City Tarrytown State NY Zip Code 10591</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Sue W. Kelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24084147</p> <p>Date of Disbursement 06 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>B. Lott for Senate</p> <p>Full Name (Last, First, Middle Initial) Lott for Senate</p> <p>Mailing Address PO Box 22824</p> <p>City Jackson State MS Zip Code 39225</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Trent Lott</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 2</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24084141</p> <p>Date of Disbursement 06 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
<p>C. Nita Lowey For Congress</p> <p>Full Name (Last, First, Middle Initial) Nita Lowey For Congress</p> <p>Mailing Address 105 Beverly Road</p> <p>City Rye State NY Zip Code 10580</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Nita M. Lowey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24084151</p> <p>Date of Disbursement 06 / 02 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>

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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. People for Patty Murray		Transaction ID: 24084157 Date of Disbursement 06 / 02 / 2006
Mailing Address 6282 Occoquan Drive		Amount of Each Disbursement this Period 1000.00 Contribution
City Manassas State VA Zip Code 20112	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Patty Murray		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Sensenbrenner Committee		Transaction ID: 24084149 Date of Disbursement 06 / 02 / 2006
Mailing Address Attn: Carole Goegas 1707 Prince St, #6		Amount of Each Disbursement this Period 1000.00 Contribution
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name F. James Sensenbrenner, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NoDak PAC		Transaction ID: 24084145 Date of Disbursement 06 / 02 / 2006
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 2500.00 Contribution
City Washington State DC Zip Code 20013	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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 Seperate Segregated Fund

A. Drake for Congress Full Name (Last, First, Middle Initial) Drake for Congress Mailing Address PO Box 61480 City Virginia Beach State VA Zip Code 23446 Purpose of Disbursement Contribution Candidate Name Thelma Drake Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 24084156 Date of Disbursement 06 / 02 / 2006 Amount of Each Disbursement this Period 1000.00 Contribution
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B. LINCPAC Full Name (Last, First, Middle Initial) LINCPAC Mailing Address 301 4th Street NE 2nd Floor City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 24084159 Date of Disbursement 06 / 02 / 2006 Amount of Each Disbursement this Period 2000.00 Contribution
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C. Francine Busby For Congress Full Name (Last, First, Middle Initial) Francine Busby For Congress Mailing Address 783 Calle De Soto City San Marcos State CA Zip Code 92078 Purpose of Disbursement Candidate Name Francine Busby Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 24115922 Date of Disbursement 06 / 06 / 2006 Amount of Each Disbursement this Period 1000.00
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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

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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Crapo for Senate		Transaction ID: 24147275 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 1013		Amount of Each Disbursement this Period 2500.00 Contribution
City Boise State ID Zip Code 83701	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mike Crapo		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paul Ryan for U.S. Congress		Transaction ID: 24147273 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 1919		Amount of Each Disbursement this Period 1000.00 Contribution
City Janesville State WI Zip Code 53547-9941	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Paul Ryan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citizens for Harkin		Transaction ID: 24155308 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 426 C Street, NE Rear Building		Amount of Each Disbursement this Period 1000.00 Contribution
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Seperate Segregated Fund

<p>A. Full Name (Last, First, Middle Initial) Hobson For Congress Committee</p>		<p>Transaction ID: 24155315 Date of Disbursement</p>	
<p>Mailing Address 482 Longford Close E</p>		<p><input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/></p>	
<p>City Springfield</p>	<p>State OH</p>	<p>Zip Code 45503</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Contribution</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name David L. Hobson</p>		<p>Contribution</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: OH District: 7</p>			

<p>B. Full Name (Last, First, Middle Initial) Nelson For U S Senate</p>		<p>Transaction ID: 24155311 Date of Disbursement</p>	
<p>Mailing Address PO Box 8666</p>		<p><input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/></p>	
<p>City Omaha</p>	<p>State NE</p>	<p>Zip Code 68108</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Contribution</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Sen. Ben Nelson</p>		<p>Contribution</p>	
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: NE District: 2</p>			

<p>C. Full Name (Last, First, Middle Initial) Ben Chandler For Congress</p>		<p>Transaction ID: 24155312 Date of Disbursement</p>	
<p>Mailing Address P. O. Box 12678</p>		<p><input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2006"/></p>	
<p>City Lexington</p>	<p>State KY</p>	<p>Zip Code 40508</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Contribution</p>		<p><input type="text" value="011"/> Category/ Type</p>	<p><input type="text" value="1500.00"/></p>
<p>Candidate Name Rep. Benjamin Chandler</p>		<p>Contribution</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: KY District: 6</p>	<p>2006 General E</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Seperate Segregated Fund

<p>A. Kilpatrick for Congress</p> <p>Full Name (Last, First, Middle Initial) Kilpatrick for Congress</p> <p>Mailing Address 3223 Carter</p> <p>City Detroit State MI Zip Code 48206</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Carolyn Cheeks Kilpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24183293</p> <p>Date of Disbursement 06 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
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<p>B. Whitfield For Congress Comm.</p> <p>Full Name (Last, First, Middle Initial) Whitfield For Congress Comm.</p> <p>Mailing Address 108 Alumni Avenue</p> <p>City Hopkinsville State KY Zip Code 42240</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E</p>		<p>Transaction ID: 24183740</p> <p>Date of Disbursement 06 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
--	--	--

<p>C. Klobuchar For Minnesota</p> <p>Full Name (Last, First, Middle Initial) Klobuchar For Minnesota</p> <p>Mailing Address PO Box 4146</p> <p>City St Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Amy Klobuchar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24183808</p> <p>Date of Disbursement 06 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Wetterling '06		Transaction ID: 24183776 Date of Disbursement 06 / 19 / 2006
Mailing Address P.O. Box 2295		Amount of Each Disbursement this Period 5000.00 Contribution
City St. Cloud State MN Zip Code 56302	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Patty Wetterling	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 6	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends Of Kent Conrad		Transaction ID: 24192976 Date of Disbursement 06 / 20 / 2006
Mailing Address PO Box 812		Amount of Each Disbursement this Period 500.00 Contribution
City Bismarck State ND Zip Code 58502	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Sen. Kent Conrad	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Langevin for Congress		Transaction ID: 24192984 Date of Disbursement 06 / 20 / 2006
Mailing Address 181-A Knight Street		Amount of Each Disbursement this Period 2500.00 Contribution
City Warwick State RI Zip Code 02886	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name James Langevin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2	
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E		

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)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Seperate Segregated Fund

<p>A. Friends Of Carolyn McCarthy</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 190</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Ms. Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 4</p>		<p>Transaction ID: 24192985</p> <p>Date of Disbursement</p> <p>06 / 20 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Contribution</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify) ▼</p> <p>2006 General E</p>		<p>011</p> <p>Category/Type</p>

<p>B. Barney Frank For Congress Comm.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 19 Blake Street</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Barney Frank</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District: 4</p>		<p>Transaction ID: 24197370</p> <p>Date of Disbursement</p> <p>06 / 22 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>500.00</p> <p>Contribution</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>011</p> <p>Category/Type</p>

<p>C. Graves for Congress</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 110 S. 10th Street</p> <p>City Tarkio State MO Zip Code 64491</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sam Graves</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 6</p>		<p>Transaction ID: 24197389</p> <p>Date of Disbursement</p> <p>06 / 22 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p>Contribution</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>011</p> <p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Friends of Joe Lieberman		Transaction ID: 24197368 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 236 Massachusetts Ave. NE Ste 206		Amount of Each Disbursement this Period 2500.00 Contribution
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joseph I. Lieberman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E	

Full Name (Last, First, Middle Initial) B. Regula For Congress		Transaction ID: 24197386 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 8787 Erie Ave., SW		Amount of Each Disbursement this Period 1000.00 Contribution
City Navarre State OH Zip Code 44662	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Ralph Regula		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rogers For Congress		Transaction ID: 24197377 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1000.00 Contribution
City Brighton State MI Zip Code 48116	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Michael J. Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Seperate Segregated Fund

<p>A. Red Rooster Leadership PAC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 228 S. Washington Street, Suite 11</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 24197408</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Contribution</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>011</p> <p>Category/Type</p>

<p>B. Friends Of Patrick J Kennedy</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 89 Ravenswood Ave</p> <p>City Providence State RI Zip Code 02908</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Patrick J. Kennedy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: RI District: 16</p>		<p>Transaction ID: 24201810</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>011</p> <p>Category/Type</p>

<p>C. Mary Bono Committee</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Mary Bono</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 45</p>		<p>Transaction ID: 24201902</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>011</p> <p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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 Seperate Segregated Fund

<p>A. Mary Bono Committee</p> <p>Full Name (Last, First, Middle Initial) Mary Bono Committee</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Mary Bono</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E</p>		<p>Transaction ID: 24201906 Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
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<p>B. Dennis Moore for Congress</p> <p>Full Name (Last, First, Middle Initial) Dennis Moore for Congress</p> <p>Mailing Address P.O. Box 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Dennis Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E</p>		<p>Transaction ID: 24201815 Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
--	--	--

<p>C. Norwood For Congress</p> <p>Full Name (Last, First, Middle Initial) Norwood For Congress</p> <p>Mailing Address P.O. Box 499</p> <p>City Evans State GA Zip Code 30809</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Charlie Norwood</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 24201799 Date of Disbursement 06 / 26 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Contribution</p>
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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)

<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Reynolds for Congress		Transaction ID: 24201805 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 479		Amount of Each Disbursement this Period 1000.00
City Victor State NY Zip Code 14564	Contribution	
Purpose of Disbursement Contribution Candidate Name Thomas Reynolds Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stupak For Congress		Transaction ID: 24201798 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 4101 Michigan Shores Dr		Amount of Each Disbursement this Period 1000.00
City Menominee State MI Zip Code 49858	Contribution	
Purpose of Disbursement Contribution Candidate Name Bart Stupak Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1		011 Category/Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Storm Chasers PAC		Transaction ID: 24201801 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address PO Box		Amount of Each Disbursement this Period 1000.00
City Monticello State IN Zip Code 47960	Contribution	
Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		011 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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)

<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Larson For Congress		Transaction ID: 24201814 Date of Disbursement 06 / 26 / 2006	
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 1000.00	
City Glastonbury State CT Zip Code 06033	Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Rep. John B. Larson	Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: 24203732 Date of Disbursement 06 / 27 / 2006	
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 10000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	011 Category/ Type	
Contribution			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: 24203972 Date of Disbursement 06 / 27 / 2006	
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 10000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	011 Category/ Type	
Contribution			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	21000.00
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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committee		Transaction ID: 24204505 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 425 Second Street, NE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. NRCC Trust		Transaction ID: 24203753 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. DAKPAC		Transaction ID: 24215642 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 122 Maryland Ave., NE		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20002	Contribution	
Purpose of Disbursement Contribution Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	21500.00
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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. Johnson for Congress		Transaction ID: 24215645 Date of Disbursement 06 / 29 / 2006
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1500.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Nancy L. Johnson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E		

Full Name (Last, First, Middle Initial) B. Chocola for Congress		Transaction ID: 24215649 Date of Disbursement 06 / 29 / 2006
Mailing Address P.O. Box 2776		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22202	Purpose of Disbursement Contribution Contribution Category/Type 011	
Candidate Name Chris Chocola	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Contribution
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General E		

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: 24261660 Date of Disbursement 06 / 30 / 2006
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period -10000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Void - Democratic Senatorial Campaign Co Void - Democratic Senatorial Campaign Co Category/Type 011	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Void - Democratic Senatorial Campaign Committee
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	-7500.00
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)

PAGE 128 / 131

<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committee		Transaction ID: 24261661 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 425 Second Street, NE		Amount of Each Disbursement this Period -10000.00
City Washington State DC Zip Code 20002	011 Category/ Type Void - National Republican Senatorial Committee	
Purpose of Disbursement Void - National Republican Senatorial Co		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NRCC Trust		Transaction ID: 24261659 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period -10000.00
City Washington State DC Zip Code 20003	011 Category/ Type Void - NRCC Trust	
Purpose of Disbursement Void - NRCC Trust		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paula Hollinger For Congress		Transaction ID: 24216980 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 5861		Amount of Each Disbursement this Period 5000.00
City Baltimore State MD Zip Code 21282	011 Category/ Type Contribution	
Purpose of Disbursement Contribution		
Candidate Name Paula Hollinger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	-15000.00
TOTAL This Period (last page this line number only) ▶	127500.00

**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)

PAGE 129 / 131

<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial) A. JP Morgan Chase Bank		Transaction ID: 24277735 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 33 North LaSalle St.		Amount of Each Disbursement this Period 1719.99
City Chicago State IL Zip Code 60690	Credit Card Fees	
Purpose of Disbursement Credit Card Fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Edonations		Transaction ID: 24278421 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 118 North Saint Asaph Street,		Amount of Each Disbursement this Period 1233.25
City Alexandria State VA Zip Code 22314	Donor Website Payment	
Purpose of Disbursement Donor Website Payment		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JP Morgan Chase Bank		Transaction ID: 24277889 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 33 North LaSalle St.		Amount of Each Disbursement this Period 1084.97
City Chicago State IL Zip Code 60690	credit card fees	
Purpose of Disbursement credit card fees		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4038.21
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)

PAGE 130 / 131

<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 Seperate Segregated Fund

A. Edonations Full Name (Last, First, Middle Initial) Mailing Address 118 North Saint Asaph Street, City Alexandria State VA Zip Code 22314 Purpose of Disbursement Donor Website Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 24278484 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 265.55 Donor Website Payment
--	--	--

B. CAPTEL Full Name (Last, First, Middle Initial) Mailing Address 300 Fifth Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Fundraising Expenditure Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 24197391 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 30208.58 Fundraising Expenditure
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C. JP Morgan Chase Bank Full Name (Last, First, Middle Initial) Mailing Address 33 North LaSalle St. City Chicago State IL Zip Code 60690 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 24278384 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 410.29 Credit Card Fees
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SUBTOTAL of Disbursements This Page (optional) ▶	30884.42
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)

PAGE 131 / 131

<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 Seperate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Edonations

Mailing Address 118 North Saint Asaph Street,

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Donor Website Payment

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 24278522

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Donor Website Payment

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)