

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 Separate Segregated Fund (CRNA-PAC)

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

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 12 06 2008 in the State of LA

5. Covering Period 11 25 2008 through 12 26 2008

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 12 31 2008

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

Office Use Only grid and FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
2	6

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		545773.37
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	203568.56									
(c) Total Receipts (from Line 19) .....	4331.40	652562.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	207899.96	1198335.56								
7. Total Disbursements (from Line 31) .....	27913.39	1018348.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	179986.57	179986.57								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
2	6

Y	Y	Y	Y
2	0	0	8

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	2734.50	211411.50
(i) Itemized (use Schedule A) .....	1565.00	431024.46
(ii) Unitemized .....	4299.50	642435.96
(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) .....	4299.50	642435.96
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	31.90	8126.23
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)) .....	4331.40	652562.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4331.40	652562.19

**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.....	15413.39	221048.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15413.39	221048.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	797300.00
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.....	0.00	0.00
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))..	27913.39	1018348.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27913.39	1018348.99

**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 .....	4299.50	642435.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4299.50	642435.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15413.39	221048.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15413.39	221048.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth M Hajny		Date of Receipt MM / DD / YYYY 12 / 03 / 2008		
	Mailing Address 532 Newell Road		Transaction ID: 29131206		
	City Danville	State IL	Zip Code 61832	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Locum Tenens	Occupation CRNA	Aggregate Year-to-Date 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Wayne E Ellis		Date of Receipt MM / DD / YYYY 12 / 11 / 2008		
	Mailing Address 219 Crescent Road		Transaction ID: 29131208		
	City Beckley	State WV	Zip Code 25801	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Trover Foundation Anesthesia Program	Occupation Program Director	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence R Stump		Date of Receipt MM / DD / YYYY 12 / 11 / 2008		
	Mailing Address 220 Lyndenglen Dr Apt 208		Transaction ID: 29131209		
	City Ann Arbor	State MI	Zip Code 48103-6982	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Michigan	Occupation CRNA	Aggregate Year-to-Date 625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patti A Hendrix		Date of Receipt MM / DD / YYYY 12 / 11 / 2008		
	Mailing Address 20432 E Granite Park Cir		<b>Transaction ID:</b> 29131211		
	City Eagle River	State AK	Zip Code 99577	Amount of Each Receipt this Period 50.00	
	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 ▼ 600.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis Ray Dodd		Date of Receipt MM / DD / YYYY 12 / 11 / 2008		
	Mailing Address PO Box 571		<b>Transaction ID:</b> 29131214		
	City Altus	State OK	Zip Code 73522-0571	Amount of Each Receipt this Period 45.00	
	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 ▼ 540.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Greenwald		Date of Receipt MM / DD / YYYY 12 / 11 / 2008		
	Mailing Address 11094 2nd Street		<b>Transaction ID:</b> 29131215		
	City Mt Vernon	State WA	Zip Code 98273	Amount of Each Receipt this Period 50.00	
	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 ▼ 900.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kirk A Poenicke		Date of Receipt MM / DD / YYYY 12 / 01 / 2008		
	Mailing Address 2743 Spielman Heights Drive		<b>Transaction ID:</b> 29131216		
	City Adrian	State MI	Zip Code 49221-9276	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Joseph Mercy Ann Arbor, MI		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) John T Hitchens		Date of Receipt MM / DD / YYYY 12 / 11 / 2008		
	Mailing Address 1715 Farmshire Ct		<b>Transaction ID:</b> 29131218		
	City Jarrettsville	State MD	Zip Code 21084-1507	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Watchful Care		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1705.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandi Peters		Date of Receipt MM / DD / YYYY 12 / 11 / 2008		
	Mailing Address PO Box 729		<b>Transaction ID:</b> 29131219		
	City Llano	State TX	Zip Code 78643-0729	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hill Country Anesthesia		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	210.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 20  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Keith Q Fulton		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address 8885 Patches Cove		<b>Transaction ID:</b> 29131220
City Memphis	State TN	Zip Code 38133-3801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 17.00
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 ▼ 204.00	

**B.**

Full Name (Last, First, Middle Initial) Donald A Camillo		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address PO Box 292394		<b>Transaction ID:</b> 29131222
City Lewisville	State TX	Zip Code 75029
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
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 ▼ 275.00	

**C.**

Full Name (Last, First, Middle Initial) Jon W Buggs		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address 1037 N 14th St		<b>Transaction ID:</b> 29131223
City Manitowoc	State WI	Zip Code 54220-3234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Holy Family Memorial	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>67.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Kay Bader		Date of Receipt
	Mailing Address 20792 State Route P		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Ste Genevieve	MO	63670
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 29131228
Name of Employer Self Employed		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 200.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda J Kovitch		Date of Receipt
	Mailing Address 78 North Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Bedford	MA	01730
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 29131230
Name of Employer Aspect Medical Systems		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 125.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert L Rawls		Date of Receipt
	Mailing Address 17 S Arcadian Oaks Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Edmond	OK	73034-7740
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 29131231
Name of Employer Student		Occupation SNRA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 675.00	<input type="text"/> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 425.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

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

Mailing Address 10940 County Rd 240

City Salida State CO Zip Code 81201-9222

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

Name of Employer Self Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 11 / 2008

Transaction ID: 29131232

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Sean J Hintz

Mailing Address 1301 Bay Ridge Drive

City Benton State LA Zip Code 71006-3483

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

Name of Employer Desoto Regional Health System Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2008

Transaction ID: 29131235

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Denise Rote-Hintz

Mailing Address 1301 Bay Ridge Drive

City Benton State LA Zip Code 71006

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

Name of Employer Requested Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 01 / 2008

Transaction ID: 29131236

Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Danette J Plautz

Mailing Address 9020 Pettit Drive

City Highland State IN Zip Code 46322

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

Name of Employer Great Lakes Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt: 12 / 01 / 2008  
Transaction ID: 29131238  
Amount of Each Receipt this Period: 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Ellen L Suelflow

Mailing Address N66W4905 Cedar Reserve Cir

City Cedarburg State WI Zip Code 53012-3509

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

Name of Employer UNC Hospitals, Chapel Hill, NC Occupation Nurse Anesthetists

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 11 / 2008  
Transaction ID: 29131241  
Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ron S Seligman

Mailing Address 222 Cheshire Rd

City Severna Park State MD Zip Code 21146-3215

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

Name of Employer Comfortably Numb Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 11 / 2008  
Transaction ID: 29131243  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **220.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 20  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Peter W Cross

Mailing Address 1126 S Federal Hwy #149

City State Zip Code  
Fort Lauderdale FL 33316

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

Name of Employer Self Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 8

**Transaction ID:** 29131245

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark J Haffey

Mailing Address 1411 Leeds Dr

City State Zip Code  
Franklin TN 37067-8653

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

Name of Employer Vanderbilt University Medical Center Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 8

**Transaction ID:** 29131247

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Georgene A Bosaw

Mailing Address 12205 Roger Lane

City State Zip Code  
Des Peres MO 63131

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

Name of Employer Western Anesthesiology Associates, Inc Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1362.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 8

**Transaction ID:** 29131249

Amount of Each Receipt this Period  
312.50

**SUBTOTAL** of Receipts This Page (optional) ..... ► **432.50**

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Farley David Hambright		Date of Receipt
	Mailing Address 5630 New Harvest Dr		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Montgomery	AL	36116-6533
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer requested		Occupation	Transaction ID: 29131255
		CRNA	
Receipt For:		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="360.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Pozar		Date of Receipt
	Mailing Address 3336 N Lakeharbor Ln Apt 302		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Boise	ID	83703-0116
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Unemployed (currently student)		Occupation	Transaction ID: 29131258
		Registered Nurse	
Receipt For:		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="275.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="385.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2734.50"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 20	
	(check only one)			
<input 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 checked="" type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DWS Scudder		Date of Receipt																					
	Mailing Address 811 Main Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	5	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	5	/	2	0	0	8														
	City	State	Zip Code	<b>Transaction ID:</b> 29131288																				
	Kansas City	MO	64105-2005	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	31.90																					
Name of Employer		Occupation	Bank interest																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.85																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	31.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	31.90

**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 16 / 20

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carmouche For Congress Inc			<b>Transaction ID:</b> 28925649	
	Mailing Address 912 Kings Highway			Date of Disbursement MM / DD / YYYY 11 / 25 / 2008	
	City Shreveport	State LA	Zip Code 71104	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Candidate Contribution		Category/ Type 011		Candidate Contribution
Candidate Name Mr. Paul Carmouche		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 04					
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of John Thune			<b>Transaction ID:</b> 29033686	
	Mailing Address 2555 Pennsylvania Avenue #908			Date of Disbursement MM / DD / YYYY 12 / 04 / 2008	
	City Washington	State DC	Zip Code 20037	Amount of Each Disbursement this Period 4000.00	
	Purpose of Disbursement candidate contribution		Category/ Type 011		candidate contribution
Candidate Name John R. Thune		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District:					
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends of John Thune			<b>Transaction ID:</b> 29033688	
	Mailing Address 2555 Pennsylvania Avenue #908			Date of Disbursement MM / DD / YYYY 12 / 04 / 2008	
	City Washington	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement candidate contribution		Category/ Type 011		candidate contribution
Candidate Name John R. Thune		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District:					

**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 17 / 20

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
Bright For Congress.Com

Mailing Address P.O.Box 2106

City State Zip Code  
Montgomery AL 36102

Purpose of Disbursement  
Candidate Contribution for the General

Candidate Name  
Mr. Bobby Bright

Office Sought:  House  
 Senate  
 President

State: AL District: 02

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
Debt Retirement 2008

**011**  
Category/  
Type

Transaction ID: 29033689

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Candidate Contribution for  
the General

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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 Separate Segregated Fund (CRNA-PAC)

A.	Full Name (Last, First, Middle Initial) Wiley, Rein <hr/> Mailing Address 1776 K Street, NW <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Periodic Legal Counsel for CRNA-PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29046627 Date of Disbursement 12 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 15000.60 <hr/> Periodic Legal Counsel for CRNA-PAC	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank <hr/> Mailing Address 33 North LaSalle St. <hr/> City Chicago State IL Zip Code 60690 <hr/> Purpose of Disbursement Credit Card fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29131285 Date of Disbursement 12 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 358.09 <hr/> Credit Card fees	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Edonations <hr/> Mailing Address 118 North Saint Asaph Street, <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement fees for website for AANA members to make donations to CRNA-PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29131286 Date of Disbursement 12 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 45.70 <hr/> fees for website for AANA members to make donations to CRNA-PAC	001 Category/ Type

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

15404.39

**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 19 / 20

<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 Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)

Edonations

Mailing Address 118 North Saint Asaph Street,

City Alexandria State VA Zip Code 22314

Purpose of Disbursement fees for website for AANA members to make donations to CRNA-PAC

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 29131287

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

9.00

fees for website for AANA members to make donations to CRNA-PAC

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

9.00

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

15413.39

Image# 28994351248

Form/Schedule: **F3XN**  
Transaction ID:

Please note that our last FEC report filed (30 day post election from November 4) provided transactions through November 24, 2008. Therefore, to not duplicate transactions, this report begins on November 25, 2008.

\*\*\*\*\*