

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

5. Covering Period 06 01 2009 through 06 30 2009

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 Frank J Purcell

Signature of Treasurer Electronically Filed by Frank J Purcell Date 07 15 2009

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		180116.21
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	233799.47									
(c) Total Receipts (from Line 19) .....	42345.37	451124.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	276144.84	631240.35								
7. Total Disbursements (from Line 31) .....	146176.44	501271.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	129968.40	129968.40								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	22300.00	178447.50
(ii) Unitemized .....	20042.00	272622.35
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	42342.00	451069.85
(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) .....	42342.00	451069.85
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.) .....	3.37	54.29
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)) .....	42345.37	451124.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42345.37	451124.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	38276.44	250721.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	38276.44	250721.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	107900.00	247450.00
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	600.00
(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	600.00
29. Other Disbursements.....	0.00	2500.00
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))..	146176.44	501271.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	146176.44	501271.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	42342.00	451069.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42342.00	450469.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	38276.44	250721.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	38276.44	250721.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 58
	(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

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) Norma F Sorelle		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 109 Keene Road		<b>Transaction ID:</b> 30128268
	City Acushnet	State MA	Zip Code 02743-1305
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
	Name of Employer Anesthesia Professional, Inc.	Occupation CRNA Locum - part time	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence R Stump		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 220 Lyndenglen Dr Apt 208		<b>Transaction ID:</b> 30128270
	City Ann Arbor	State MI	Zip Code 48103-6982
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
	Name of Employer University of Michigan	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patty J Cornwell		Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 3626 West End Avenue #202		<b>Transaction ID:</b> 30128271
	City Nashville	State TN	Zip Code 37205-2476
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	725.00
<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 7 / 58  
(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

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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kathleen S Robinson</p> <p>Mailing Address 22111 Ministers Point Rd</p> <p>City State Zip Code Deerwood MN 56444-6195</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cuyuna Regional Medical Center 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 ▼  <span style="border: 1px solid black; padding: 2px;">400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 08 / 2009</span></p> <p><b>Transaction ID:</b> 30128273</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Nancy S Gondringer</p> <p>Mailing Address 7216 Parkridge Circle</p> <p>City State Zip Code Lincoln NE 68516-4397</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer St. Elizabeth Regional Medical Center 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 ▼  <span style="border: 1px solid black; padding: 2px;">1400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 08 / 2009</span></p> <p><b>Transaction ID:</b> 30128274</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Patti A Hendrix</p> <p>Mailing Address 20432 E Granite Park Cir</p> <p>City State Zip Code Eagle River AK 99577-8852</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self 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 ▼  <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 08 / 2009</span></p> <p><b>Transaction ID:</b> 30128279</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
---	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">450.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 58
	<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) Shirley J Houser-Stehr		Date of Receipt MM / DD / YYYY 06 / 08 / 2009		
	Mailing Address PO Box 23049		<b>Transaction ID:</b> 30128281		
	City Hilton Head Island	State SC	Zip Code 29925-3049	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hilton Head Regional Medical Center	Occupation CRNA	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Cheryl L Nimmo		Date of Receipt MM / DD / YYYY 06 / 04 / 2009		
	Mailing Address 26 Aberdeen Road		<b>Transaction ID:</b> 30128284		
	City East Providence	State RI	Zip Code 02915-5002	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation CRNA	Aggregate Year-to-Date 795.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Greenwald		Date of Receipt MM / DD / YYYY 06 / 04 / 2009		
	Mailing Address 11094 2nd Street		<b>Transaction ID:</b> 30128286		
	City Mount Vernon	State WA	Zip Code 98273-7210	Amount of Each Receipt this Period 50.00	
	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) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	535.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 58
	<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) James L Lowry		Date of Receipt
	Mailing Address 138 Longview Heights		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 04 / 2009
	City	State	Zip Code
	Athens	OH	45701-3339
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30128288
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		C. R. N. A.	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) John T Hitchens		Date of Receipt
	Mailing Address 1715 Farmshire Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 05 / 2009
	City	State	Zip Code
	Jarrettsville	MD	21084-1507
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30128292
Name of Employer Watchful Care		Occupation	Amount of Each Receipt this Period
CRNA		<input type="text"/> 885.00	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 885.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth C Plitt		Date of Receipt
	Mailing Address 1729 Sunrose Place SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 08 / 2009
	City	State	Zip Code
	Mill Creek	WA	98012-1391
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30128295
Name of Employer Aspect Medical Systems, Inc.		Occupation	Amount of Each Receipt this Period
CRNA		<input type="text"/> 400.00	<input type="text"/> 400.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1300.00
<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: (check only one)	PAGE 10 / 58
	<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) Thomas J Nolan		Date of Receipt MM / DD / YYYY 06 / 08 / 2009		
	Mailing Address 765 Upper Ridge Rd		<b>Transaction ID:</b> 30128303		
	City Bridgton	State ME	Zip Code 04009-4420	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coastal Anesthesiology	Occupation CRNA	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Eddie R Dunlap		Date of Receipt MM / DD / YYYY 06 / 08 / 2009		
	Mailing Address 282 W Ridge St		<b>Transaction ID:</b> 30128311		
	City Decatur	State TX	Zip Code 76234-4797	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation CRNA	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) John M Fierro		Date of Receipt MM / DD / YYYY 06 / 08 / 2009		
	Mailing Address PO Box 10762		<b>Transaction ID:</b> 30128313		
	City Fairbanks	State AK	Zip Code 99710-0762	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation CRNA	Aggregate Year-to-Date 425.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	885.00
<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 11 / 58
	<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) Barbara J Skibiski		Date of Receipt MM / DD / YYYY 06 / 08 / 2009		
	Mailing Address 330 Texas Drive		<b>Transaction ID:</b> 30128317		
	City Ozark	State MO	Zip Code 65721-8766	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 400.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jon M Veith		Date of Receipt MM / DD / YYYY 06 / 08 / 2009		
	Mailing Address 225 Players Club Court		<b>Transaction ID:</b> 30128318		
	City Commercial Point	State OH	Zip Code 43116-9700	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer PPS Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation nurse anesthetist Aggregate Year-to-Date ▼ 225.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda J Kovitch		Date of Receipt MM / DD / YYYY 06 / 04 / 2009		
	Mailing Address 78 North Road		<b>Transaction ID:</b> 30128324		
	City Bedford	State MA	Zip Code 01730-1023	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Aspect Medical Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 625.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	925.00
<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 12 / 58  
(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

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

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

**A.**

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

Mailing Address 816 Pradera Ct E

City State Zip Code  
Fort Worth TX 76108-9595

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

Name of Employer Occupation  
Aloha Nurse Anesthesia Services, PC CRNA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1120.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** 30128336

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Sharon G Niemann

Mailing Address 2641 S 218th W

City State Zip Code  
Goddard KS 67052-9275

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

Name of Employer Occupation  
Newman University CRNA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** 30128338

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Darla J Kleven-Adams

Mailing Address 901 62nd Avenue SE

City State Zip Code  
Grand Forks ND 58201-8354

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

Name of Employer Occupation  
University of North Dakota CRNA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** 30128340

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **320.00**

**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 / 58  
(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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Debra P Pecka Malina

Mailing Address 363 Riverbluff PI Apt 1

City Memphis State TN Zip Code 38103-4141

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

Name of Employer Self Employed Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 08 / 2009

Transaction ID: 30128345

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Vickie S Jordan

Mailing Address 3206 Revere St Apt 405

City Houston State TX Zip Code 77098-2241

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

Name of Employer Forrest General Hospital Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 08 / 2009

Transaction ID: 30128347

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Delphos E Price, Jr

Mailing Address 2622 Bardell Dr

City Wilmington State DE Zip Code 19808-3025

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

Name of Employer Self Employed Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 08 / 2009

Transaction ID: 30128348

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 58  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)

**A.**

Full Name (Last, First, Middle Initial) Angela R Mund		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
Mailing Address 2536 Tournament Players Cir N		<b>Transaction ID:</b> 30128349
City Blaine	State MN	Zip Code 55449-5667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer University of Minnesota	Occupation Educator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

**B.**

Full Name (Last, First, Middle Initial) Steven J Mund		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
Mailing Address 2536 Tournament Players Cir N		<b>Transaction ID:</b> 30128350
City Blaine	State MN	Zip Code 55449-5667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer County Medical Center	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

**C.**

Full Name (Last, First, Middle Initial) Kelly Nevins Petz		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
Mailing Address 23955 Mill Cove Rd		<b>Transaction ID:</b> 30128354
City California	State MD	Zip Code 20619-3576
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer requested	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<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 15 / 58

(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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Linda N White

Mailing Address PO Box 250

City State Zip Code  
Tow TX 78672-0250

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: 30128364

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Alison E Kaestner

Mailing Address 2991 S Portside Ave

City State Zip Code  
Boise ID 83706-6321

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

Name of Employer St Lukes Boise Regional Medical Center Occupation crna

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 9

Transaction ID: 30128372

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dina Velocci

Mailing Address 320 Old Hickory Blvd Apt 3014

City State Zip Code  
Nashville TN 37221-1413

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

Name of Employer Vanderbilt Univ. Medical Center Occupation CRNA

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: 30128380

Amount of Each Receipt this Period

50.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 58
	<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 Separate Segregated Fund (CRNA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dustin J Degman		Date of Receipt
	Mailing Address 10 Oak Springs Dr		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arden	NC	28704-8834
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer asheville anesthesia		Occupation crna	<b>Transaction ID:</b> 30128396
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="585.00"/>	<input type="text" value="85.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Christina A Logan		Date of Receipt
	Mailing Address PO Box 392		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Palmer	AK	99645-0392
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation crna	<b>Transaction ID:</b> 30128406
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="280.00"/>	<input type="text" value="40.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Janet L Lyson Ostendarp		Date of Receipt
	Mailing Address 18812 Maple Leaf Drive		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hudson	FL	34667-6319
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Requested		Occupation CRNA	<b>Transaction ID:</b> 30128407
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="595.00"/>	<input type="text" value="85.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="210.00"/>
<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 17 / 58  
(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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kevin C Buettner

Mailing Address 115 Reeves Court

City State Zip Code  
Grand Forks ND 58201-4911

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

Name of Employer University of North Dakota Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** 30128409

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen A Caradonna

Mailing Address 421 Baldwin Ave Apt 203

City State Zip Code  
Rochester Hills MI 48307-2195

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** 30128412

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark M Bjornstad

Mailing Address 2405 W 42nd St Apt 4

City State Zip Code  
Minneapolis MN 55410-1636

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

Name of Employer student Occupation srna

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** 30128414

Amount of Each Receipt this Period  
200.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 58
	<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 Separate Segregated Fund (CRNA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathleen M Snyder		Date of Receipt
	Mailing Address 15836 Brixton 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 06 / 09 / 2009
	City	State	Zip Code
	Noblesville	IN	46060-4830
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30128415
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 ▼ 450.00	<input type="text"/> 200.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary D Clark		Date of Receipt
	Mailing Address 7721 Devonshire Ave		<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 06 / 13 / 2009
	City	State	Zip Code
	Saint Louis	MO	63119-2806
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30128418
Name of Employer Webster University		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 ▼ 1200.00	<input type="text"/> 200.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Henry E Solis		Date of Receipt
	Mailing Address 2108 Old Forge 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 06 / 14 / 2009
	City	State	Zip Code
	Little Rock	AR	72227-3829
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30128420
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 ▼ 800.00	<input type="text"/> 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 800.00
<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: (check only one)	PAGE 19 / 58		
	<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

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) Shirley J Houser-Stehr		Date of Receipt MM / DD / YYYY 06 / 13 / 2009		
	Mailing Address PO Box 23049		<b>Transaction ID:</b> 30128421		
	City Hilton Head Island	State SC	Zip Code 29925-3049	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hilton Head Regional Medical Center	Occupation CRNA	Aggregate Year-to-Date 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Cheryl E McRae-Bergeron		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 2015 River Bend Circle		<b>Transaction ID:</b> 30128422		
	City Blairsville	State GA	Zip Code 30512-5865	Amount of Each Receipt this Period 800.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer USAF	Occupation CRNA	Aggregate Year-to-Date 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) David Schwytzer		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 7004 New Bern Court		<b>Transaction ID:</b> 30128424		
	City Prospect	State KY	Zip Code 40059-9668	Amount of Each Receipt this Period 400.00	
	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 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 58  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)

**A.**

Full Name (Last, First, Middle Initial)  
Wilma K Gillis

Mailing Address 7 Fuller Dr

City Madison State WI Zip Code 53704-5924

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

Name of Employer Univ of Wisconsin School of Med & Publ Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 13 / 2009

Transaction ID: 30128428

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Carl A Payne

Mailing Address 10311 68th Dr Apt 3K

City Forest Hills State NY Zip Code 11375-3107

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 06 / 13 / 2009

Transaction ID: 30128431

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary Kay Bader

Mailing Address 20792 State Route P

City Ste Genevieve State MO Zip Code 63670-9067

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

Name of Employer Self Employed Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 09 / 2009

Transaction ID: 30128433

Amount of Each Receipt this Period 200.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 58
	<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 Separate Segregated Fund (CRNA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul D Beninga	Date of Receipt MM / DD / YYYY 06 / 14 / 2009
	Mailing Address 6804 S Hughes Ave	<b>Transaction ID:</b> 30128441
	City State Zip Code Sioux Falls SD 57108-5834	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Avera McKinney Hospital CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Vicki Coopmans	Date of Receipt MM / DD / YYYY 06 / 16 / 2009
	Mailing Address 17873 Suzanne Ridge Dr	<b>Transaction ID:</b> 30128449
	City State Zip Code Wildwood MO 63038-1474	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Washington University SOM CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Debra P Pecka Malina	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 363 Riverbluff PI Apt 1	<b>Transaction ID:</b> 30128450
	City State Zip Code Memphis TN 38103-4141	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<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 22 / 58
	<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) Mary K O'Brien	Date of Receipt MM / DD / YYYY 06 / 14 / 2009
	Mailing Address 615 Redbird Run	<b>Transaction ID:</b> 30128454
	City State Zip Code Tiffin IA 52340-9434	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rebecca M Cecala	Date of Receipt MM / DD / YYYY 06 / 16 / 2009
	Mailing Address 315 N Norwinden Dr	<b>Transaction ID:</b> 30128455
	City State Zip Code Springfield PA 19064-1907	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. Francis Pain Center Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jay G Thomas	Date of Receipt MM / DD / YYYY 06 / 14 / 2009
	Mailing Address RR1 Box 122A	<b>Transaction ID:</b> 30128466
	City State Zip Code Harveys Lake PA 18618	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Affiliate Medical Staff of Cloud Count Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	675.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 58
	(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

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) Jay G Thomas		Date of Receipt
	Mailing Address RR1 Box 122A		<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 06 / 14 / 2009
	City	State	Zip Code
	Harveys Lake	PA	18618
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30128467
Name of Employer Affiliate Medical Staff of Cloud Count		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>B.</b>	Full Name (Last, First, Middle Initial) Jimmy R Kimball, Jr		Date of Receipt
	Mailing Address 504 Twain Town 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 06 / 12 / 2009
	City	State	Zip Code
	Knightdale	NC	27545-7382
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30128476
Name of Employer Kimball Anesthesia Associates PLLC		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 ▼ 400.00	<input type="text"/> 200.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Jo Verstraete		Date of Receipt
	Mailing Address 10100 Dunn 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 06 / 22 / 2009
	City	State	Zip Code
	Osceola	IN	46561-9701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30129785
Name of Employer Self		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 ▼ 300.00	<input type="text"/> 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 625.00
<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 24 / 58
	(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

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) Cheryl L Nimmo		Date of Receipt MM / DD / YYYY 06 / 23 / 2009		
	Mailing Address 26 Aberdeen Road		<b>Transaction ID:</b> 30129788		
	City East Providence	State RI	Zip Code 02915-5002	Amount of Each Receipt this Period 400.00	
	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 ▼ 1195.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey K Olson		Date of Receipt MM / DD / YYYY 06 / 22 / 2009		
	Mailing Address 915 Second Ave West		<b>Transaction ID:</b> 30129790		
	City Williston	State ND	Zip Code 58801-4817	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mercy 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>C.</b>	Full Name (Last, First, Middle Initial) Sandi Peters		Date of Receipt MM / DD / YYYY 06 / 21 / 2009		
	Mailing Address 945 County Road 402		<b>Transaction ID:</b> 30129792		
	City Llano	State TX	Zip Code 78643-2798	Amount of Each Receipt this Period 200.00	
	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 ▼ 325.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 58		
	<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

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) Leonard R Jenkins		Date of Receipt MM / DD / YYYY 06 / 23 / 2009		
	Mailing Address 18 Blakeridge Pl		<b>Transaction ID:</b> 30129793		
	City Mt Zion	State IL	Zip Code 62549-1000	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Associated Anesthesiologists Of Decatur	Occupation CRNA	Aggregate Year-to-Date 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald H Chamberlain, Jr		Date of Receipt MM / DD / YYYY 06 / 22 / 2009		
	Mailing Address 752 Hall Farmer Rd		<b>Transaction ID:</b> 30129796		
	City Blairs	State VA	Zip Code 24527-2612	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation CRNA	Aggregate Year-to-Date 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Sheryl M May		Date of Receipt MM / DD / YYYY 06 / 22 / 2009		
	Mailing Address 3300 Dutton Road		<b>Transaction ID:</b> 30129797		
	City Rochester Hills	State MI	Zip Code 48306-2224	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rochester Anesthesiologists	Occupation CRNA	Aggregate Year-to-Date 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 58
	(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

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) Stephen J Yermal		Date of Receipt
	Mailing Address 1000 SW Vista Ave Apt 1215		<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 06 / 21 / 2009
	City	State	Zip Code
	Portland	OR	97205-1142
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30129799
Name of Employer Quality of Transplant Study		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 ▼	<input type="text"/> 200.00
		<input type="text"/> 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas J Hilbert		Date of Receipt
	Mailing Address 1034 Chapel Street		<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 06 / 23 / 2009
	City	State	Zip Code
	Marshfield	WI	54449-1273
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30129800
Name of Employer Marshall Clinic		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 ▼	<input type="text"/> 200.00
		<input type="text"/> 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sherry E Swearngin		Date of Receipt
	Mailing Address 1698 E Seaport Court		<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 06 / 23 / 2009
	City	State	Zip Code
	Boise	ID	83706-6333
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 30129804
Name of Employer VA Medical Center		Occupation Nurse Anesthetist	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 ▼	<input type="text"/> 400.00
		<input type="text"/> 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 800.00
<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: (check only one)	PAGE 27 / 58
	<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) Andrew T Griffin		Date of Receipt MM / DD / YYYY 06 / 23 / 2009		
	Mailing Address 6 Gray Cub Ct		<b>Transaction ID:</b> 30129809		
	City Glen Carbon	State IL	Zip Code 62034-1396	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southern Illinois University	Occupation Program Director	Aggregate Year-to-Date 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Juan F Quintana		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 364 Private Road 8581		<b>Transaction ID:</b> 30129810		
	City Winnsboro	State TX	Zip Code 75494-8092	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation CRNA	Aggregate Year-to-Date 700.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Cheryl L Gamble		Date of Receipt MM / DD / YYYY 06 / 23 / 2009		
	Mailing Address 11 East Bellamy Drive Carriage Run		<b>Transaction ID:</b> 30129815		
	City New Castle	State DE	Zip Code 19720-2979	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Francis Hospital	Occupation CRNA	Aggregate Year-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 58

(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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kathleen C Thibeault

Mailing Address 2616 Lone Pine Rd

City State Zip Code  
Palm Beach Gardens FL 33410-2450

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 ▼ 600.00

Date of Receipt 06 / 22 / 2009

**Transaction ID:** 30129821

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Benjamin M Carter

Mailing Address 28650 S Anne Dr

City State Zip Code  
Walker LA 70785-5937

FEC ID number of contributing federal political committee. C

Name of Employer student Occupation  
SRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 22 / 2009

**Transaction ID:** 30129823

Amount of Each Receipt this Period 400.00

**C.**

Full Name (Last, First, Middle Initial)  
Julia D Hackett

Mailing Address 3905 Veiled Falls Dr

City State Zip Code  
Pflugerville TX 78660-5504

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 06 / 23 / 2009

**Transaction ID:** 30129825

Amount of Each Receipt this Period 400.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 58  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Patti A Hendrix

Mailing Address 20432 E Granite Park Cir

City State Zip Code  
Eagle River AK 99577-8852

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 ▼ 990.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2009

**Transaction ID:** 30205142

Amount of Each Receipt this Period  
390.00

**B.**

Full Name (Last, First, Middle Initial)  
Janice M Gustafson

Mailing Address 1510 Dunhill Court

City State Zip Code  
Coraopolis PA 15108-3769

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

Name of Employer Anesthesia of Franklin Co-unity Occupation crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2009

**Transaction ID:** 30205143

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Janice J Izlar

Mailing Address 6 Huntingwood Retreat

City State Zip Code  
Savannah GA 31411-2828

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

Name of Employer self-employed Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2009

**Transaction ID:** 30205144

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 990.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 58
	<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 Separate Segregated Fund (CRNA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Norma H Landis		Date of Receipt MM / DD / YYYY 06 / 28 / 2009		
	Mailing Address 2122 Erickman Lane		<b>Transaction ID:</b> 30205145		
	City Xenia	State OH	Zip Code 45385-8918	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ANS INC	Occupation CRNA	Aggregate Year-to-Date 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy (Rick) Hoffman		Date of Receipt MM / DD / YYYY 06 / 28 / 2009		
	Mailing Address 2122 Erickman Lane		<b>Transaction ID:</b> 30205146		
	City Xenia	State OH	Zip Code 45385-9337	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Seiler-Scharf Anesthesia, Inc.	Occupation CRNA	Aggregate Year-to-Date 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter W Ogren		Date of Receipt MM / DD / YYYY 06 / 25 / 2009		
	Mailing Address 202 Betsy Lane Cross Creek Estates		<b>Transaction ID:</b> 30205147		
	City Richmond	State KY	Zip Code 40475-8524	Amount of Each Receipt this Period -200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Requested	Occupation CRNA	Aggregate Year-to-Date 200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<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 31 / 58  
(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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Louise E. E. Hershkowitz

Mailing Address 2020 Turtle Pond Drive

City Reston State VA Zip Code 20191-4048

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

Name of Employer Fair Oaks Anesthesia Associates, Inc. Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 28 / 2009  
Transaction ID: 30205149  
Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Ida Smith Pernell

Mailing Address 357 N Avalon St

City Memphis State TN Zip Code 38112-5103

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

Name of Employer Metropolitan Anesthesia Allianc Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 06 / 26 / 2009  
Transaction ID: 30205152  
Amount of Each Receipt this Period: 400.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert J Gauvin

Mailing Address 1 Riverside Drive

City Mattapoisett State MA Zip Code 02739-1445

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 ▼ 1650.00

Date of Receipt: 06 / 30 / 2009  
Transaction ID: 30205153  
Amount of Each Receipt this Period: 800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 58
	<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) Susan M Draper	Date of Receipt MM / DD / YYYY 06 / 27 / 2009
	Mailing Address 197 Railroad St	<b>Transaction ID:</b> 30205155
	City State Zip Code Bayport NY 11705-1885	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen A Eisberner	Date of Receipt MM / DD / YYYY 06 / 27 / 2009
	Mailing Address 655 Kenney Ave Apt 11	<b>Transaction ID:</b> 30205156
	City State Zip Code Eau Claire WI 54701-6358	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer St. Joseph 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>C.</b>	Full Name (Last, First, Middle Initial) J Doug Ramey	Date of Receipt MM / DD / YYYY 06 / 28 / 2009
	Mailing Address 816 Pradera Ct E	<b>Transaction ID:</b> 30205157
	City State Zip Code Fort Worth TX 76108-9595	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Aloha Nurse Anesthesia Service	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 58
	<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 Separate Segregated Fund (CRNA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Darla J Kleven-Adams		Date of Receipt MM / DD / YYYY 06 / 27 / 2009		
	Mailing Address 901 62nd Avenue SE		<b>Transaction ID:</b> 30205158		
	City Grand Forks	State ND	Zip Code 58201-8354	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer University of North Dakota	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
800.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Kena B Sigman		Date of Receipt MM / DD / YYYY 06 / 28 / 2009		
	Mailing Address 101 Arbor Creek Court		<b>Transaction ID:</b> 30205159		
	City Chapel Hill	State NC	Zip Code 27516-4338	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	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 ▼  
400.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Ahmed F Alshaarawi		Date of Receipt MM / DD / YYYY 06 / 27 / 2009		
	Mailing Address 18382 SW Jann Dr		<b>Transaction ID:</b> 30205161		
	City Beaverton	State OR	Zip Code 97006-3863	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer student	Occupation srna	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 / 58
<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 Separate Segregated Fund (CRNA-PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter W Ogren		Date of Receipt MM / DD / YYYY 06 / 16 / 2009		
	Mailing Address 202 Betsy Lane Cross Creek Estates		<b>Transaction ID:</b> 30205163		
	City Richmond	State KY	Zip Code 40475-8524	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 400.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) John F Hust		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 16340 County Road 24		<b>Transaction ID:</b> 30205164		
	City Wabasha	State MN	Zip Code 55981-3117	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 400.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda J Kovitch		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 78 North Road		<b>Transaction ID:</b> 30205165		
	City Bedford	State MA	Zip Code 01730-1023	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation CRNA Aggregate Year-to-Date ▼ 825.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</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:		PAGE 35 / 58	
	(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

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) Patti A Hendrix		Date of Receipt	
	Mailing Address 20432 E Granite Park Cir		M M / D D / Y Y Y Y 06 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 30205168
	Eagle River	AK	99577-8852	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		10.00	
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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	22300.00

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

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

A.	Full Name (Last, First, Middle Initial) Mikulski for Senate	Transaction ID: 29965145 Date of Disbursement 06 / 01 / 2009
	Mailing Address P.O. Box 13147	Amount of Each Disbursement this Period 2500.00
	City Baltimore State MD Zip Code 21203	
	Purpose of Disbursement candidate contribution Candidate Name Barbara A. Mikulski 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: MD District:	011 Category/ Type candidate contribution

B.	Full Name (Last, First, Middle Initial) Treasure State PAC	Transaction ID: 29965174 Date of Disbursement 06 / 01 / 2009
	Mailing Address PO Box 76187	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Annual 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 Annual Contribution

C.	Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro	Transaction ID: 29965175 Date of Disbursement 06 / 01 / 2009
	Mailing Address 49 Huntington St	Amount of Each Disbursement this Period 1000.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement Candidate Contribution Candidate Name Rosa L. DeLauro Office Sought: <input checked="" type="checkbox"/> House <input 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: CT District: 03	011 Category/ Type Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> 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

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) Friends of Sherrod Brown  Mailing Address 111 Edgefield Drive  City Elyia State OH Zip Code 44035  Purpose of Disbursement candidate contribution Candidate Name Sherrod Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 29965209 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00  candidate contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) America Works PAC  Mailing Address 426 C Street, NE  City Washington State DC Zip Code 20002  Purpose of Disbursement annual 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) ▼	<b>Transaction ID:</b> 29965298 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00  annual contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Comm.  Mailing Address 36 Atwater Ter  City Springfield State MA Zip Code 01107  Purpose of Disbursement candidate contribution Candidate Name Mr. Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 29965327 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00  candidate contribution

**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)

<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

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

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

A.	Full Name (Last, First, Middle Initial) Udall For Colorado	Transaction ID: 29965608 Date of Disbursement
	Mailing Address PO Box 40158	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period
	Purpose of Disbursement candidate contribution	<input type="text" value="1000.00"/>
	Candidate Name Sen. Mark Emery Udall	Category/Type <input type="text" value="011"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		candidate contribution

B.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 29965752 Date of Disbursement
	Mailing Address P.O. Box 133	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period
	Purpose of Disbursement candidate contribution	<input type="text" value="1000.00"/>
	Candidate Name Michael N. Castle	Category/Type <input type="text" value="011"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		candidate contribution

C.	Full Name (Last, First, Middle Initial) Synergy PAC	Transaction ID: 29966067 Date of Disbursement
	Mailing Address 200 East Jefferson Street	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Falls Church State VA Zip Code 22046	Amount of Each Disbursement this Period
	Purpose of Disbursement annual contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type <input type="text" value="011"/>
	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) ▼
		annual contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

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) Friends Of Carolyn McCarthy <hr/> Mailing Address PO Box 190 <hr/> City Mineola State NY Zip Code 11501 <hr/> Purpose of Disbursement candidate contribution Candidate Name Ms. Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 29966243 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 candidate contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Woolsey For Congress <hr/> Mailing Address P.O. Box 750176 <hr/> City Petaluma State CA Zip Code 94975-0176 <hr/> Purpose of Disbursement candidate contribution Candidate Name Lynn C. Woolsey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 29966410 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 150.00 candidate contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin <hr/> Mailing Address 110 King Street, Suite 203 <hr/> City Madison State WI Zip Code 53703 <hr/> Purpose of Disbursement annual 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) ▼	<b>Transaction ID:</b> 29966548 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 250.00 annual contribution

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

1400.00

**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

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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc</p> <p>Mailing Address 607 14th Street Nw Suite 800 Suite 1434</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Sen. Mary L. Landrieu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29966929 <b>Date of Disbursement</b> 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Patrick J Kennedy</p> <p>Mailing Address 89 Ravenswood Ave</p> <p>City Providence State RI Zip Code 02908</p> <p>Purpose of Disbursement candidate 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 State: RI District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29967053 <b>Date of Disbursement</b> 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29967162 <b>Date of Disbursement</b> 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

**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)

<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

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) Friends Of Bernie Sanders <hr/> Mailing Address PO Box 391 <hr/> City Burlington State VT Zip Code 05402 <hr/> Purpose of Disbursement candidate contribution Candidate Name Sen. Bernie Sanders Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VT District:	<b>Transaction ID:</b> 29967242 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 candidate contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Akaka In 2012 <hr/> Mailing Address PO Box 3129 <hr/> City Honolulu State HI Zip Code 96802 <hr/> Purpose of Disbursement candidate contribution Candidate Name Sen. Daniel Kahikina Akaka Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District:	<b>Transaction ID:</b> 29967623 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 candidate contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Georgians For Isakson <hr/> Mailing Address Post Office Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement candidate contribution Candidate Name Sen. Johnny Isakson 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: GA District:	<b>Transaction ID:</b> 29970215 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 candidate contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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

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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Glenn Nye</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Glenn Nye</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 02</p>	<p>Transaction ID: 29974702</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Badger PAC</p> <p>Mailing Address 1726 M Street, NW #403</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement annual 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>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29981631</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>annual contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address 426 C Street, NE Rear Building</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29982090</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

**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)

<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

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) Mike Thompson for Congress  Mailing Address P.O. Box 1998  City St. Helena State CA Zip Code 94574  Purpose of Disbursement candidate contribution Candidate Name Mike Thompson Office Sought: <input checked="" type="checkbox"/> House <input 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: CA District: 01	<b>Transaction ID:</b> 29982347 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00  candidate contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Geoff Davis For Congress  Mailing Address 3161 Dixie Highway Suite F  City Erlanger State KY Zip Code 41018  Purpose of Disbursement candidate contribution Candidate Name Rep. Geoffrey Davis Office Sought: <input checked="" type="checkbox"/> House <input 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: KY District: 04	<b>Transaction ID:</b> 29982688 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00  candidate contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn  Mailing Address 499 South Capitol St, SW Suite 412  City Washington State DC Zip Code 20003  Purpose of Disbursement candidate contribution Candidate Name James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input 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: SC District: 06	<b>Transaction ID:</b> 29982961 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00  candidate contribution

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

5500.00

**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

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

NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Gillibrand For Senate  Mailing Address 313 C Street Ne  City Washington State DC Zip Code 20002  Purpose of Disbursement Candidate Contribution Candidate Name Rep. Kirsten Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29983299 Date of Disbursement 06 / 01 / 2009  Amount of Each Disbursement this Period 1000.00  Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Impact  Mailing Address 509 Madison Ave Suite 1902  City New York State NY Zip Code 10022  Purpose of Disbursement annual 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: 29984874 Date of Disbursement 06 / 01 / 2009  Amount of Each Disbursement this Period 5000.00  annual contribution
C.	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee  Mailing Address 4491 MacArthur Blvd. NW Suite 201  City Washington State DC Zip Code 20007  Purpose of Disbursement candidate contribution Candidate Name Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29985185 Date of Disbursement 06 / 01 / 2009  Amount of Each Disbursement this Period 1000.00  candidate contribution

**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

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

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

A.	Full Name (Last, First, Middle Initial) Mike Rogers For Congress	Transaction ID: 29985675 Date of Disbursement
	Mailing Address 123 East 13th Street	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Anniston State AL Zip Code 36201	Amount of Each Disbursement this Period
	Purpose of Disbursement candidate contribution	<input type="text" value="1000.00"/>
	Candidate Name Michael Rogers	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		candidate contribution

B.	Full Name (Last, First, Middle Initial) Steve Austria For Congress	Transaction ID: 29985892 Date of Disbursement
	Mailing Address 20 S Limestone St Suite 390	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Springfield State OH Zip Code 45502	Amount of Each Disbursement this Period
	Purpose of Disbursement candidate contribution	<input type="text" value="1000.00"/>
	Candidate Name Steve Austria	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		candidate contribution

C.	Full Name (Last, First, Middle Initial) America's Leadership PAC	Transaction ID: 29986225 Date of Disbursement
	Mailing Address 908 Pleasant Dr	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City Ypsilanti State MI Zip Code 48197	Amount of Each Disbursement this Period
	Purpose of Disbursement annual contribution	<input type="text" value="1000.00"/>
	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) ▼
		annual contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 46 / 58

<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

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) Hawkeye PAC <hr/> Mailing Address PO Box 7255 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement annual contribution 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: 29986256 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	annual contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Grassley Committee <hr/> Mailing Address P.O. Box 1000 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement candidate contribution Candidate Name Charles E. Grassley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29986257 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	candidate contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Tim Walz For Us Congress <hr/> Mailing Address PO Box 938 <hr/> City Mankato State MN Zip Code 56002 <hr/> Purpose of Disbursement candidate contribution Candidate Name Timothy Walz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30132170 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	candidate contribution

**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)

<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

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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address 333 Park Central East Suite 818</p> <p>City Springfield State MO Zip Code 65806</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. Roy Blunt</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132175 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hatch Election Committee</p> <p>Mailing Address 257 E. 200th South, #950 c/o Stan DeWaal</p> <p>City Salt Lake City State UT Zip Code 84111</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Orrin G. Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132176 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Christopher S. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132177 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

**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

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

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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132178</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 7995 Malcolm Road</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132179</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>candidate contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc</p> <p>Mailing Address PO Box 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Charles Melancon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132180</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>

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

# 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

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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona</p> <p>Mailing Address PO Box 993</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132181 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Yarmuth For Congress</p> <p>Mailing Address 1819 Brownsboro Road Suite 100</p> <p>City Louisville State KY Zip Code 40202</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. John A. Yarmuth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132182 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Burgess For Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132183 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

**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)

<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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
Progressive Choices PAC

Mailing Address PO Box 58

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement  
annual contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 30132187  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

annual contribution

B.

Full Name (Last, First, Middle Initial)  
Frank Kratovil For Congress

Mailing Address 222 Main Sail Drive  
PO Box 518

City State Zip Code  
Stevensville MD 21666

Purpose of Disbursement  
candidate contribution

Candidate Name  
Frank Kratovil

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Transaction ID: 30132188  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

candidate contribution

C.

Full Name (Last, First, Middle Initial)  
Team Emerson

Mailing Address 2210 Lakewood

City State Zip Code  
Cape Girardeau MO 63701

Purpose of Disbursement  
candidate contribution

Candidate Name  
Ms. Jo Ann Emerson

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Transaction ID: 30132189  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

candidate contribution

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of John Barrow	Transaction ID: 30132190 Date of Disbursement 06 / 26 / 2009
	Mailing Address PO Box 8166	Amount of Each Disbursement this Period 1000.00
	City Savannah State GA Zip Code 31412	
	Purpose of Disbursement candidate contribution Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	candidate contribution

B.	Full Name (Last, First, Middle Initial) Michaud For Congress	Transaction ID: 30132191 Date of Disbursement 06 / 26 / 2009
	Mailing Address 213 Lisbon St	Amount of Each Disbursement this Period 1000.00
	City Lewiston State ME Zip Code 04240	
	Purpose of Disbursement candidate contribution Candidate Name Michael Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	candidate contribution

C.	Full Name (Last, First, Middle Initial) LaTourette for Congress	Transaction ID: 30132192 Date of Disbursement 06 / 26 / 2009
	Mailing Address 4451 Brookfield Corp. Dr., #200	Amount of Each Disbursement this Period 2000.00
	City Chantilly State VA Zip Code 20151	
	Purpose of Disbursement candidate 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	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	candidate contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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

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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Bob Filner for Congress</p> <p>Mailing Address P.O. Box 127868</p> <p>City San Diego State CA Zip Code 92112</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Bob Filner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132193</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Walter Jones For Congress Committee</p> <p>Mailing Address PO Box 99667</p> <p>City Raleigh State NC Zip Code 27624</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Walter B. Jones, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132194</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Herseth Sandlin Stephanie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SD District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132195</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peters For Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Gary C. Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132197 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Daniel B. Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132198 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Whitehouse For Senate</p> <p>Mailing Address P.O. Box 40280</p> <p>City Providence State RI Zip Code 02940</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Sen. Sheldon Whitehouse</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132199 <b>Date of Disbursement</b> 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

**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

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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 10990 Wilshire Boulevard Suite 920</p> <p>City Los Angeles State CA Zip Code 90024</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132202</p> <p>Date of Disbursement 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mcnerney For Congress</p> <p>Mailing Address 6520 Village Parkway Second Floor</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132246</p> <p>Date of Disbursement 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress</p> <p>Mailing Address PO Box 1045</p> <p>City Erie State PA Zip Code 16512</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Kathleen A. Dahlkemper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 30132525</p> <p>Date of Disbursement 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

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

4500.00

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

107900.00







# 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 58 / 58

<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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address 33 North LaSalle St.

City Chicago State IL Zip Code 60690

Purpose of Disbursement

Credit Card fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 30237621

Date of Disbursement

06 / 01 / 2009

Amount of Each Disbursement this Period

511.88

Credit Card fees

B.

Full Name (Last, First, Middle Initial)

Edonations

Mailing Address 118 North Saint Asaph Street,

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Website for AANA members to make online donations to CRNA-PAC

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 30237622

Date of Disbursement

06 / 08 / 2009

Amount of Each Disbursement this Period

137.95

Website for AANA members to make online donations to CRNA-PAC

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

649.83

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

38276.44