

# 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  
 Check if different than previously reported. (ACC)  
Park Ridge IL 60068-4001

2. **FEC IDENTIFICATION NUMBER** C00173153  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 11 01 2007 through 11 30 2007

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

Type or Print Name of Treasurer William Yeo

Signature of Treasurer Electronically Filed by William Yeo Date 01 24 2008

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

Office Use Only **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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		516385.99
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	558653.33									
(c) Total Receipts (from Line 19) .....	49671.05	653639.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	608324.38	1170025.30								
7. Total Disbursements (from Line 31) .....	14126.18	575827.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	594198.20	594198.20								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	36857.00	308321.45
(i) Itemized (use Schedule A) .....	11161.00	323484.26
(ii) Unitemized .....	48018.00	631805.71
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	48018.00	631805.71
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1653.05	20833.60
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)) .....	49671.05	653639.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49671.05	653639.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	626.18	159256.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	626.18	159256.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	13500.00	410774.05
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	319.00
(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	319.00
29. Other Disbursements.....	0.00	5477.87
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))..	14126.18	575827.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14126.18	575827.10

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	48018.00	631805.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	319.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48018.00	631486.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	626.18	159256.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	626.18	159256.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 48
	<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) Marta Hammond Ashby	Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 4950 John Muir Rd	<b>Transaction ID:</b> 26937374
	City State Zip Code Martinez CA 94553-4532	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Kaiser Permanente	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen A Cook	Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 326 Hillcrest	<b>Transaction ID:</b> 26937376
	City State Zip Code Grosse Pointe Farm MI 48236-3116	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Wayne State	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa Mae Hammons	Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 3126 S Blvd PMB 221	<b>Transaction ID:</b> 26937384
	City State Zip Code Edmond OK 73013-5308	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer self	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) W Weller Head, Jr		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address 3226 LaGrange Road		<b>Transaction ID:</b> 26937387		
	City Shelbyville	State KY	Zip Code 40065-9606	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer JEWISH HOSP SHELBYVILLE	Occupation CRNA	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Christine M Allen-Sanders		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address 6012 Brookside Drive		<b>Transaction ID:</b> 26937388		
	City Export	State PA	Zip Code 15632-8914	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer VA Hospital - Pittsburgh, PA	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) Hazel E Cross		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address 1010 Black Oak Drive		<b>Transaction ID:</b> 26937391		
	City Matthews	State NC	Zip Code 28105-5501	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Presbyterian Anesthesia	Occupation CRNA	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tracy E Castleman		Date of Receipt
	Mailing Address 144 Coachman Drive N		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Freehold	NJ	07728-3153
	FEC ID number of contributing federal political committee.		Transaction ID: 26937396
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer Mommmeuth Anesthesia Associates		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 975.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lavonna K Sanders		Date of Receipt
	Mailing Address 9900 East 570 Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Catoosa	OK	74015-6294
	FEC ID number of contributing federal political committee.		Transaction ID: 26937397
		Amount of Each Receipt this Period	
		<input type="text"/> 100.00	
Name of Employer Sanders Nurse Anesthesia Services, Inc		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Laura W Makarwich		Date of Receipt
	Mailing Address 2825 Bryan Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Burleson	TX	76028-1516
	FEC ID number of contributing federal political committee.		Transaction ID: 26937398
		Amount of Each Receipt this Period	
		<input type="text"/> 200.00	
Name of Employer Harris Methodist Fort Worth		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 400.00
<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 9 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick R Handy		Date of Receipt
	Mailing Address 653 Moondale Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7
	City	State	Zip Code
	El Paso	TX	79912-4237
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937406
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		CRNA	<input type="text"/> 105.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 305.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Vincent B Bogan		Date of Receipt
	Mailing Address 8402 Sego Lily Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7
	City	State	Zip Code
	Lorton	VA	22079-5606
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937413
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		crna	<input type="text"/> 200.00
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>C.</b>	Full Name (Last, First, Middle Initial) Gary D Clark		Date of Receipt
	Mailing Address PO Box 190017		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7
	City	State	Zip Code
	Saint Louis	MO	63119-6017
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937416
Name of Employer Webster University		Occupation	Amount of Each Receipt this Period
Webster University		CRNA	<input type="text"/> 85.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1515.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 390.00
<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 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Harold Bishop	Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address 3009 S John Redditt Ste E398	<b>Transaction ID:</b> 26937420
	City State Zip Code Lufkin TX 75904-5661	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Dream Works Anesthesia CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda E Moore	Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address 4110 Stonebrook Farms Rd	<b>Transaction ID:</b> 26937421
	City State Zip Code Greensboro NC 27406-9655	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation CRNA 4U CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alexander A Fernandez	Date of Receipt MM / DD / YYYY 11 / 07 / 2007
	Mailing Address PO Box 0215	<b>Transaction ID:</b> 26937422
	City State Zip Code Princeton WV 24740-0215	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Taswell Community Hospital CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda M Bailey		Date of Receipt
	Mailing Address 40369 Loro Place		<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 11 / 07 / 2007
	City	State	Zip Code
	Fremont	CA	94539-3033
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937423
Name of Employer Keiser Foundation Hospital		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"/> 85.00
		<input type="text"/> 680.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis Ray Dodd		Date of Receipt
	Mailing Address PO Box 571		<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 11 / 07 / 2007
	City	State	Zip Code
	Altus	OK	73522-0571
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937424
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 ▼	<input type="text"/> 45.00
		<input type="text"/> 495.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Greenwald		Date of Receipt
	Mailing Address 11094 2nd 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 11 / 07 / 2007
	City	State	Zip Code
	Mount Vernon	WA	98273-7210
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937425
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 ▼	<input type="text"/> 50.00
		<input type="text"/> 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 180.00
<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 12 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John T Hitchens		Date of Receipt
	Mailing Address 1715 Farmshire Ct		<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 11 / 07 / 2007
	City	State	Zip Code
	Jarrettsville	MD	21084-1507
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937426
Name of Employer Watchful Care		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"/> 85.00
		<input type="text"/> 1090.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard D Burns		Date of Receipt
	Mailing Address 5451 Pointe 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 11 / 07 / 2007
	City	State	Zip Code
	East China	MI	48054-4162
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937427
Name of Employer St John River District Hospital		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"/> 300.00
		<input type="text"/> 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandi Peters		Date of Receipt
	Mailing Address PO Box 729		<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 11 / 07 / 2007
	City	State	Zip Code
	Llano	TX	78643-0729
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937428
Name of Employer Hill Country Anesthesia		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"/> 25.00
		<input type="text"/> 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 410.00
<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 13 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark T Cappello		Date of Receipt	
	Mailing Address 1511 W Ardmore Apt 1		M M / D D / Y Y Y Y Y 11 / 07 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> 26937430
	Chicago	IL	60660-4218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		75.00	
Name of Employer Self Employed		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		775.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald H Chamberlain, Jr		Date of Receipt	
	Mailing Address 752 Hall Farmer Rd		M M / D D / Y Y Y Y Y 11 / 07 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> 26937432
	Blairs	VA	24527-2612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Self		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jon W Buggs		Date of Receipt	
	Mailing Address 1037 N 14th St		M M / D D / Y Y Y Y Y 11 / 07 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> 26937433
	Manitowoc	WI	54220-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer Holy Family Memorial		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		275.00		

<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 14 / 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Todd W Herzog		Date of Receipt
	Mailing Address 11542 Skyward Loop		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 07 / 2007
	City	State	Zip Code
	Kingston	WA	98346-7606
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Pacific Northwest Anesthesia Services		Occupation CRNA	<b>Transaction ID:</b> 26937434
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"/> 1350.00	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan L Bender		Date of Receipt
	Mailing Address 185 Sagamore Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 07 / 2007
	City	State	Zip Code
	Carmel	NY	10512-3404
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Putnam Hospital		Occupation CRNA	<b>Transaction ID:</b> 26937435
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"/> 260.00	<input type="text"/> 20.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Garalynn V Tomas		Date of Receipt
	Mailing Address 32540 Oakhurst Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 07 / 2007
	City	State	Zip Code
	North Ridgeville	OH	44039-2374
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer GVT Medical Service Consultants, Inc.		Occupation CRNA	<b>Transaction ID:</b> 26937436
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"/> 2005.00	<input type="text"/> 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1105.00
<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 15 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Col Brian D Campbell		Date of Receipt
	Mailing Address 14 Townsend Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 7 / 2 0 0 7
	City	State	Zip Code
	Malden	MA	02148-6323
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937437
Name of Employer Winchester Anesthesia Association		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"/> 85.00
		<input type="text"/> 685.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Beverly Ann Ann Bell		Date of Receipt
	Mailing Address 1020 Spy Glass Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 7 / 2 0 0 7
	City	State	Zip Code
	Knoxville	TN	37922-5269
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937440
Name of Employer Bell Anesthesia, PLLC		Occupation Anesthetist/Owner	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"/> 20.00
		<input type="text"/> 440.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Evan Koch		Date of Receipt
	Mailing Address 30899 Nautical Loop		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 7 / 2 0 0 7
	City	State	Zip Code
	Spirit Lake	ID	83869-8815
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937441
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 ▼	<input type="text"/> 100.00
		<input type="text"/> 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 205.00
<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 16 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kathryn L Jansky		Date of Receipt
	Mailing Address 25817 NE 2nd Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 07 / 2007
	City	State	Zip Code
	Sammamish	WA	98074-3479
	FEC ID number of contributing federal political committee.		Transaction ID: 26937442
		Amount of Each Receipt this Period	
		<input type="text"/> 20.00	
Name of Employer Group Health Cooperative		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 290.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald M M Bell		Date of Receipt
	Mailing Address 1020 Spy Glass Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 07 / 2007
	City	State	Zip Code
	Knoxville	TN	37922-5269
	FEC ID number of contributing federal political committee.		Transaction ID: 26937443
		Amount of Each Receipt this Period	
		<input type="text"/> 20.00	
Name of Employer The University of Tennessee		Occupation Professor of Anesthesia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 440.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John C Compton		Date of Receipt
	Mailing Address 116 Brookmeade Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 07 / 2007
	City	State	Zip Code
	Fayetteville	TN	37334-2046
	FEC ID number of contributing federal political committee.		Transaction ID: 26937445
		Amount of Each Receipt this Period	
		<input type="text"/> 30.00	
Name of Employer Self Employed		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 70.00
<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 / 48  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Karyn B Karp

Mailing Address 327 W Thomson Ave

City State Zip Code  
Sonoma CA 95476-4365

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

Name of Employer Kaiser San Rafael Occupation Chief CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 7

**Transaction ID:** 26937447

Amount of Each Receipt this Period  
85.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary A Golinski

Mailing Address 4457 Gaylord

City State Zip Code  
Troy MI 48098-4458

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 ▼ 1075.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 7

**Transaction ID:** 26937450

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 1108 Creek Cabin

City State Zip Code  
San Antonio TX 78253-5835

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 7

**Transaction ID:** 26937453

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **270.00**

**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 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Debra Pecka Pecka Malina		Date of Receipt MM / DD / YYYY 11 / 07 / 2007		
	Mailing Address 363 Riverbluff PI Apt 1		<b>Transaction ID:</b> 26937457		
	City Memphis	State TN	Zip Code 38103-4141	Amount of Each Receipt this Period 25.00	
	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 ▼  
1460.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Duane A Smith		Date of Receipt MM / DD / YYYY 11 / 07 / 2007		
	Mailing Address 6000 Stony Brook Dr		<b>Transaction ID:</b> 26937458		
	City Manhattan	State KS	Zip Code 66503-9169	Amount of Each Receipt this Period 85.00	
	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 ▼  
1280.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Duane A Smith		Date of Receipt MM / DD / YYYY 11 / 07 / 2007		
	Mailing Address 6000 Stony Brook Dr		<b>Transaction ID:</b> 26937459		
	City Manhattan	State KS	Zip Code 66503-9169	Amount of Each Receipt this Period 100.00	
	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 ▼  
1380.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 48  
(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

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

**A.**

Full Name (Last, First, Middle Initial)  
Bruce W Demko

Mailing Address 59 Horizon Dr

City State Zip Code  
Sagle ID 83860-9488

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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2007

**Transaction ID: 26937461**

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Lisa M Farry

Mailing Address 4544 Columbus St Apt 519

City State Zip Code  
Virginia Beach VA 23462-6855

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

Name of Employer great lakes anesthesia, pc Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 555.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2007

**Transaction ID: 26937462**

Amount of Each Receipt this Period  
85.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph G Stowell

Mailing Address 941 6th Ave Drive NW

City State Zip Code  
Hickory NC 28601-3403

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 ▼ 1430.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2007

**Transaction ID: 26937463**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **570.00**

**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 20 / 48  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jennifer S Aanenson

Mailing Address 6585 154th Street W

City State Zip Code  
Apple Valley MN 55124-4245

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

Name of Employer Occupation  
Univ of Minnesota Medical Center CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2007

**Transaction ID:** 26937468

Amount of Each Receipt this Period  
85.00

**B.**

Full Name (Last, First, Middle Initial)  
Marquessa D Moore

Mailing Address 5600 Woodcrest Lane

City State Zip Code  
Owensboro KY 42303-9225

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

Name of Employer Occupation  
Excel Anesthesia CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2007

**Transaction ID:** 26937469

Amount of Each Receipt this Period  
85.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian J Callahan

Mailing Address 6585 154th St W

City State Zip Code  
Saint Paul MN 55124-4245

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

Name of Employer Occupation  
Requested CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2007

**Transaction ID:** 26937470

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **255.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Benjamin C Sickler		Date of Receipt MM / DD / YYYY 11 / 08 / 2007		
	Mailing Address 35463 Palisade Dr NE		<b>Transaction ID:</b> 26937481		
	City Cambridge	State MN	Zip Code 55008-8054	Amount of Each Receipt this Period 205.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kanabec Hospital	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronnie J Wing		Date of Receipt MM / DD / YYYY 11 / 09 / 2007		
	Mailing Address 353 Spring Creek Pl		<b>Transaction ID:</b> 26937486		
	City Spring Creek	State NV	Zip Code 89815-5902	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Eastern Nevada Regional Hospital	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) James J Carr		Date of Receipt MM / DD / YYYY 11 / 13 / 2007		
	Mailing Address 22334 State Road 120		<b>Transaction ID:</b> 26937488		
	City Elkhart	State IN	Zip Code 46516-5374	Amount of Each Receipt this Period 105.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Great Lakes Anesthesia	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	610.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 48  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Troy D Stevens

Mailing Address 234 Edge Cliff Ct

City Abilene State TX Zip Code 79606-7132

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

Name of Employer none Occupation student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2007  
**Transaction ID: 26937498**  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Lawrence R Stump

Mailing Address 220 Lyndenglen Dr Apt 208

City Ann Arbor State MI Zip Code 48103-6982

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

Name of Employer University of Michigan Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.00

Date of Receipt 11 / 15 / 2007  
**Transaction ID: 26937501**  
Amount of Each Receipt this Period 32.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher G Griffith

Mailing Address 14773 E Bellwood Place

City Aurora State CO Zip Code 80015-2231

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 11 / 15 / 2007  
**Transaction ID: 26937508**  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 382.00

**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 23 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Todd W Herzog		Date of Receipt MM / DD / YYYY 11 / 15 / 2007		
	Mailing Address 11542 Skyward Loop		<b>Transaction ID:</b> 26937509		
	City Kingston	State WA	Zip Code 98346-7606	Amount of Each Receipt this Period 32.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pacific Northwest Anesthesia Services		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1382.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Suzanne M Dufek		Date of Receipt MM / DD / YYYY 11 / 15 / 2007		
	Mailing Address 835 Karau Lane		<b>Transaction ID:</b> 26937511		
	City Cape Girardeau	State MO	Zip Code 63701-4407	Amount of Each Receipt this Period 32.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anesthesia Associates of Cape		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1442.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Garalynn V Tomas		Date of Receipt MM / DD / YYYY 11 / 15 / 2007		
	Mailing Address 32540 Oakhurst Drive		<b>Transaction ID:</b> 26937513		
	City North Ridgeville	State OH	Zip Code 44039-2374	Amount of Each Receipt this Period 32.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GVT Medical Service Consultants, Inc.		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2037.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	96.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynn Leatherman		Date of Receipt
	Mailing Address 3903 Westbrook Drive		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Florence	SC	29501-8721
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937514
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 ▼	<input type="text" value="400.00"/>
		<input type="text" value="400.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) CAPT Werner H Beckerhoff		Date of Receipt
	Mailing Address 5410 Colibri Pl		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Farmington	NM	87402-0983
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937515
Name of Employer Northern Navajo Medical Center		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" value="32.00"/>
		<input type="text" value="1032.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dennis C Bless		Date of Receipt
	Mailing Address 6484 Promontory Dr		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Eden Prairie	MN	55346-1913
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937517
Name of Employer Fair View Southdale Hospital		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" value="32.00"/>
		<input type="text" value="1707.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="464.00"/>
<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 25 / 48  
(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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dianna M Heikkila

Mailing Address 12287 W La Grange St

City State Zip Code  
Boise ID 83709-8127

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

Name of Employer  
Anesthesia Associates of Boise

Occupation  
CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

**Transaction ID:** 26937523

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mearle E Meyer

Mailing Address 250 Hwy 81 N

City State Zip Code  
Jonesborough TN 37659-4938

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

Name of Employer  
Johnson City Specialty

Occupation  
CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

**Transaction ID:** 26937526

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Debra L Hawk

Mailing Address 1837 5th St

City State Zip Code  
Manhattan Beach CA 90266-6314

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  
1 1 / 1 9 / 2 0 0 7

**Transaction ID:** 26937532

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Zachary O Shelby		Date of Receipt
	Mailing Address 876 Dolan		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 3 / 2 0 0 7
	City	State	Zip Code
	Memphis	TN	38116-5109
	FEC ID number of contributing federal political committee.		Transaction ID: 26937538
		Amount of Each Receipt this Period	
		<input type="text"/> 400.00	
Name of Employer Methodist Health		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Elsie C Murray		Date of Receipt
	Mailing Address 1429 Beulah Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	City	State	Zip Code
	Pittsburgh	PA	15235-5002
	FEC ID number of contributing federal political committee.		Transaction ID: 26937548
		Amount of Each Receipt this Period	
		<input type="text"/> 1000.00	
Name of Employer Western Pa. Hospital - Pgh., Pa.		Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1850.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Wanda O Wilson		Date of Receipt
	Mailing Address 900 Adams Crossing Unit 3600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	City	State	Zip Code
	Cincinnati	OH	45202-1679
	FEC ID number of contributing federal political committee.		Transaction ID: 26937549
		Amount of Each Receipt this Period	
		<input type="text"/> 1000.00	
Name of Employer Univerity Hospital/Anesthesia Assoc.		Occupation Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 2625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2400.00
<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 27 / 48

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Sandra K Tunajek

Mailing Address 10048 Dominion Village Dr

City State Zip Code  
Charlotte NC 28269-7905

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

Name of Employer Occupation  
AANA Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: 26937550

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gary D Clark

Mailing Address PO Box 190017

City State Zip Code  
Saint Louis MO 63119-6017

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

Name of Employer Occupation  
Webster University CRNA

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: 26937551

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Gary D Clark

Mailing Address PO Box 190017

City State Zip Code  
Saint Louis MO 63119-6017

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

Name of Employer Occupation  
Webster University CRNA

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2434.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: 26937552

Amount of Each Receipt this Period

834.00

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

1919.00

**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 28 / 48  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Cheryl E McRae-Bergeron

Mailing Address 2015 River Bend Circle

City State Zip Code  
Blairsville GA 30512-5865

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

Name of Employer Occupation  
USAF CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1134.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** 26937554

Amount of Each Receipt this Period  
834.00

**B.** Full Name (Last, First, Middle Initial)  
Harold Bishop

Mailing Address 3009 S John Redditt Ste E398

City State Zip Code  
Lufkin TX 75904-5661

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

Name of Employer Occupation  
Dream Works Anesthesia CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** 26937555

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Linda E Moore

Mailing Address 4110 Stonebrook Farms Rd

City State Zip Code  
Greensboro NC 27406-9655

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

Name of Employer Occupation  
CRNA 4U CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** 26937556

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **939.00**

**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 / 48  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda M Bailey		Date of Receipt MM / DD / YYYY 11 / 28 / 2007		
	Mailing Address 40369 Loro Place		<b>Transaction ID:</b> 26937557		
	City Fremont	State CA	Zip Code 94539-3033	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Keiser Foundation Hospital	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
765.00

<b>B.</b>	Full Name (Last, First, Middle Initial) John T Hitchens		Date of Receipt MM / DD / YYYY 11 / 28 / 2007		
	Mailing Address 1715 Farmshire Ct		<b>Transaction ID:</b> 26937558		
	City Jarrettsville	State MD	Zip Code 21084-1507	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Watchful Care	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
1175.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffery M Beutler		Date of Receipt MM / DD / YYYY 11 / 28 / 2007		
	Mailing Address 217 N Ashland Ave		<b>Transaction ID:</b> 26937559		
	City Park Ridge	State IL	Zip Code 60068-4001	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AANA	Occupation Executive Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
2650.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1170.00
<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 30 / 48  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Timothy Clune

Mailing Address 15137 Shadow Creek Road

City State Zip Code  
Maple Grove MN 55311-1512

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

Name of Employer Children's Hospital Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** 26937560

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Debbie W Feenster

Mailing Address 1191 Hieatt Ln

City State Zip Code  
Smithfield KY 40068-7900

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

Name of Employer Greater Louisville Anesthesia Services Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4150.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** 26937561

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Steven M Sertich

Mailing Address PO Box 96685

City State Zip Code  
Las Vegas NV 89193-6685

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 ▼ 2325.00

Date of Receipt M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** 26937562

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 31 / 48  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Donald H Chamberlain, Jr

Mailing Address 752 Hall Farmer Rd

City State Zip Code  
Blairs VA 24527-2612

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  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: 26937563

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Susan L Bender

Mailing Address 185 Sagamore Dr

City State Zip Code  
Carmel NY 10512-3404

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

Name of Employer Putnam Hospital Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: 26937564

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Suzanne M Dufek

Mailing Address 835 Karau Lane

City State Zip Code  
Cape Girardeau MO 63701-4407

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

Name of Employer Anesthesia Associates of Cape Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2242.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

Transaction ID: 26937565

Amount of Each Receipt this Period  
800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 920.00

**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 32 / 48  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Col Brian D Campbell

Mailing Address 14 Townsend Street

City State Zip Code  
Malden MA 02148-6323

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

Name of Employer Winchester Anesthesia Association  
Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
770.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2007

**Transaction ID:** 26937566

Amount of Each Receipt this Period  
85.00

**B.**

Full Name (Last, First, Middle Initial)  
Larry G Hornsby

Mailing Address 3310 Kelly Creek Rd S

City State Zip Code  
Moody AL 35004-2111

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

Name of Employer Anesthesia Resource Management  
Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2007

**Transaction ID:** 26937567

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathryn L Jansky

Mailing Address 25817 NE 2nd Ct

City State Zip Code  
Sammamish WA 98074-3479

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

Name of Employer Group Health Cooperative  
Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2007

**Transaction ID:** 26937568

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1105.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 48  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John C Compton

Mailing Address 116 Brookmeade Circle

City Fayetteville State TN Zip Code 37334-2046

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 ▼ 270.00

Date of Receipt 11 / 28 / 2007

Transaction ID: 26937570

Amount of Each Receipt this Period 30.00

**B.**

Full Name (Last, First, Middle Initial)  
Karyn B Karp

Mailing Address 327 W Thomson Ave

City Sonoma State CA Zip Code 95476-4365

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

Name of Employer Kaiser San Rafael Occupation Chief CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt 11 / 28 / 2007

Transaction ID: 26937572

Amount of Each Receipt this Period 85.00

**C.**

Full Name (Last, First, Middle Initial)  
Catherine A Hoffman

Mailing Address 1861 E Audubon Blvd NW

City Lancaster State OH Zip Code 43130-9819

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

Name of Employer Excell Services Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 28 / 2007

Transaction ID: 26937574

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **315.00**

**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 34 / 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel W Borvan		Date of Receipt
	Mailing Address 1861 Grand Praire Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 8 / 2 0 0 7
	City	State	Zip Code
	New Lenox	IL	60451-3560
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937575
Name of Employer Windy City Anesthesia		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"/> 1000.00
		<input type="text"/> 1200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donna I Vierthaler		Date of Receipt
	Mailing Address 2866 Wilderness 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 1 1 / 2 8 / 2 0 0 7
	City	State	Zip Code
	Wichita	KS	67226-2110
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937577
Name of Employer Anesthesia Consulting Services		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"/> 1000.00
		<input type="text"/> 2725.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Julie A Stone		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 1 1 / 2 8 / 2 0 0 7
	City	State	Zip Code
	Saint Louis	MO	63119-2806
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 26937578
Name of Employer Webster University		Occupation Faculty	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"/> 1000.00
		<input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3000.00
<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 35 / 48  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Sherrlyn H Owens

Mailing Address 502 N Hiddenbrooke Dr

City State Zip Code  
Advance NC 27006-7322

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

Name of Employer  
Wake Forest University Baptist Med Ctr

Occupation  
CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1032.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** 26937579

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 1108 Creek Cabin

City State Zip Code  
San Antonio TX 78253-5835

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

Name of Employer  
Wilford Hall Medical Ctr - Lockland AF

Occupation  
CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** 26937580

Amount of Each Receipt this Period  
85.00

**C.**

Full Name (Last, First, Middle Initial)  
Dennis C Bless

Mailing Address 6484 Promontory Dr

City State Zip Code  
Eden Prairie MN 55346-1913

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

Name of Employer  
Fair View Southdale Hospital

Occupation  
CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3707.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 8 / 2 0 0 7

**Transaction ID:** 26937581

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3085.00**

**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 36 / 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Coleen D Walsh		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	Mailing Address 4344 Stones River Court		<b>Transaction ID:</b> 26937582
	City State Zip Code New Port Richey FL 34653-6137	Amount of Each Receipt this Period 1100.00	
	FEC ID number of contributing federal political committee. C		
	Name of Employer Occupation Mercy Hospital Staff Anesthetist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1675.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Sharon K Hensley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	Mailing Address 3 Mago Rd		<b>Transaction ID:</b> 26937583
	City State Zip Code Santa Fe NM 87508-9462	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		
	Name of Employer Occupation Self CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1570.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) David W Shepherd		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	Mailing Address 160 Stoney Creek Ct		<b>Transaction ID:</b> 26937584
	City State Zip Code Bluffton IN 46714-9396	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		
	Name of Employer Occupation Great Lakes Anesthesia CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 725.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Debra Pecka Pecka Malina	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 363 Riverbluff PI Apt 1	<b>Transaction ID:</b> 26937585
	City State Zip Code Memphis TN 38103-4141	Amount of Each Receipt this Period 25.00
	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 ▼ 1485.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Debra Pecka Pecka Malina	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 363 Riverbluff PI Apt 1	<b>Transaction ID:</b> 26937586
	City State Zip Code Memphis TN 38103-4141	Amount of Each Receipt this Period 1667.00
	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 ▼ 3152.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Margaret R Cannon	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 719 Pizer Street	<b>Transaction ID:</b> 26937587
	City State Zip Code Houston TX 77009-5315	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Ben Taub Trauma Center	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2692.00</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 38 / 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Keith W Larson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7		
	Mailing Address 1529 Ivory Ct		<b>Transaction ID:</b> 26937588		
	City Lake Elmo	State MN	Zip Code 55042-9311	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northfield Hospital	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Duane A Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7		
	Mailing Address 6000 Stony Brook Dr		<b>Transaction ID:</b> 26937589		
	City Manhattan	State KS	Zip Code 66503-9169	Amount of Each Receipt this Period 85.00	
	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 ▼ 1465.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrea L Arthur		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7		
	Mailing Address PO Box 750542		<b>Transaction ID:</b> 26937590		
	City Dayton	State OH	Zip Code 45475-0542	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kettering Anesthesia	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) .....	▶	2085.00
<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 39 / 48  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dianne M Murphy

Mailing Address 109 Willow St

City Waterbury State CT Zip Code 06710-2012

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

Name of Employer Hartford Anesthesia Associates Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 11 / 28 / 2007

Transaction ID: 26937591

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ronda K Brammer

Mailing Address 1913 N Frederic

City Wichita State KS Zip Code 67206-8904

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

Name of Employer Galihia Heart Hospital Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 28 / 2007

Transaction ID: 26937592

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph G Stowell

Mailing Address 941 6th Ave Drive NW

City Hickory State NC Zip Code 28601-3403

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 ▼ 1515.00

Date of Receipt 11 / 28 / 2007

Transaction ID: 26937593

Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2085.00

**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 40 / 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald R Castaldo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	Mailing Address 122 Farm Meadows Lane		<b>Transaction ID:</b> 26937595
	City Hockessin	State DE	Zip Code 19707-3400
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	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 ▼ 1325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Marquessa D Moore		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	Mailing Address 5600 Woodcrest Lane		<b>Transaction ID:</b> 26937599
	City Owensboro	State KY	Zip Code 42303-9225
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 85.00
	Name of Employer Excel Anesthesia	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 765.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen D Smith		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7
	Mailing Address 1132 White Cloud Ridge		<b>Transaction ID:</b> 26937600
	City Snellville	State GA	Zip Code 30078-7388
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	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 ▼ 1175.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2085.00
<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 41 / 48	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles D Mills		Date of Receipt	
	Mailing Address 4068 Route 711		M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> 27132161
	Ligonier	PA	15658-2703	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		100.00	
Name of Employer Self Employed		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	36857.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DWS Scudder		Date of Receipt
	Mailing Address 811 Main Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
	City	State	Zip Code
	Kansas City	MO	64105-2005
	FEC ID number of contributing federal political committee.		Transaction ID: 26952334
Name of Employer		Occupation	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"/> 68.19
		<input type="text"/> 739.96	Bank interest

<b>B.</b>	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank		Date of Receipt
	Mailing Address 33 North LaSalle St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7
	City	State	Zip Code
	Chicago	IL	60690
	FEC ID number of contributing federal political committee.		Transaction ID: 26952484
Name of Employer		Occupation	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"/> 1584.86
		<input type="text"/> 20093.64	Bank Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1653.05
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 1653.05

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Edonations	Full Name (Last, First, Middle Initial) Edonations	Transaction ID: 26952077 Date of Disbursement 11 / 07 / 2007
	Mailing Address 118 North Saint Asaph Street, City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 297.70
	Purpose of Disbursement Web hosting fee for AANA Members to make donations to CRNA-PAC Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Web hosting fee for AANA Members to make donations to CRNA-PAC

B. Edonations	Full Name (Last, First, Middle Initial) Edonations	Transaction ID: 26952288 Date of Disbursement 11 / 28 / 2007
	Mailing Address 118 North Saint Asaph Street, City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 152.80
	Purpose of Disbursement Web hosting fee for AANA Members to make donations to CRNA-PAC Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Web hosting fee for AANA Members to make donations to CRNA-PAC

C. JP Morgan Chase Bank	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank	Transaction ID: 26952328 Date of Disbursement 11 / 30 / 2007
	Mailing Address 33 North LaSalle St. City Chicago State IL Zip Code 60690	Amount of Each Disbursement this Period 175.68
	Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank Fees

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>626.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>626.18</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</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 Contributions Candidate Name Charles E. Grassley 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: IA District: 01	<b>Transaction ID:</b> 26841660 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	Amount of Each Disbursement this Period 2500.00
			Candidate Contributions
<b>B.</b>	Full Name (Last, First, Middle Initial) Walter Jones For Congress Committee (2000) <hr/> Mailing Address PO Box 99667 <hr/> City Raleigh State NC Zip Code 27624 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Walter B. Jones, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 03	<b>Transaction ID:</b> 26820978 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00
			Candidate Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Kilpatrick for Congress <hr/> Mailing Address 3223 Carter <hr/> City Detroit State MI Zip Code 48206 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Carolyn Cheeks Kilpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 13	<b>Transaction ID:</b> 26820979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	Amount of Each Disbursement this Period 2500.00
			Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<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)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) A Lot of People for Dave Obey <hr/> Mailing Address P.O. Box 75214 <hr/> City Washington State DC Zip Code 20013-5214 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name David R. Obey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26841653 Date of Disbursement 11 / 16 / 2007
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address P.O. Box 75214 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26820955 Date of Disbursement 11 / 16 / 2007
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Arlen Specter <hr/> Mailing Address 426 C Street, NE Carriage House <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Arlen Specter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26820981 Date of Disbursement 11 / 16 / 2007
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/ Type 011

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota <hr/> Mailing Address PO Box 2009 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement Candidate Contribution <input type="text" value="011"/> Candidate Name Stephanie Herseth <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01	Transaction ID: 26820977 Date of Disbursement <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>	
		Amount of Each Disbursement this Period	
		<input type="text" value="1000.00"/>	
		Candidate Contribution	
<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate <hr/> Mailing Address PO Box 2720 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement Candidate Contribution <input type="text" value="011"/> Candidate Name Sen. Mark L. Pryor <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 02	Transaction ID: 26820975 Date of Disbursement <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>	
		Amount of Each Disbursement this Period	
		<input type="text" value="1000.00"/>	
		Candidate Contribution	
<b>C.</b>	Full Name (Last, First, Middle Initial) VINE PAC <hr/> Mailing Address 236 Massachusetts Ave., NE Suite 508 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Annual Contribution <input type="text" value="011"/> Candidate Name <hr/> 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: 00	Transaction ID: 26820973 Date of Disbursement <input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>	
		Amount of Each Disbursement this Period	
		<input type="text" value="1500.00"/>	
		Annual 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)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)  
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City State Zip Code  
Cheshire CT 06410

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Christopher S. Murphy

Office Sought:  House  
 Senate  
 President

State: CT District: 05

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 26820980

Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> /	<sup>D</sup> 16	<sup>D</sup> /	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
----------------	----------------	-----------------	----------------	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

1000.00
---------

Category/  
Type

Candidate Contribution

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

1000.00

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

13500.00

Image# 28930087414

Form/Schedule: **F3XA**      Amendment is being filed due to 11 receipts totalling \$905 that were not recorded on the original report.  
Transaction ID:

\*\*\*\*\*