

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Aug 2 10 17 AM '97

USE FEC MAILING LABEL OR

Committee (in full)
C00173153 060297 P 219
~~MARK KOPKARZICK FINANCE~~
AMERICAN ASSOCIATION OF NURSE
ANESTHETISTS SEPARATE SEGREGAT
222 S PROSPECT AVENUE
C/O FINANCE DEPT
PARK RIDGE
IL 60068

reported

2. FEC IDENTIFICATION NUMBER
C00173153

3. This committee has qualified as a musicandidate committee. (see FEC FORM 1N)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____ (Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
Covering Period		This Period	Calendar Year-to-Date
5.	1-1-97 through 6-30-97		\$ 128607.05
6.	(a) Cash on Hand January 1, 1997		
	(b) Cash on Hand at Beginning of Reporting Period	\$ 128607.05	
	(c) Total Receipts (from Line 19)	\$ 374163.87	\$ 374163.87
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 502770.92	\$ 502770.92
7.	Total Disbursements (from Line 30)	\$ 219095.92	\$ 219095.92
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 283675.00	\$ 283675.00
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule D and/or Schedule D1)	\$	For further information contact: Federal Election Commission 889 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule C1)	\$	

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~~ Finance Director
WILLIAM E YEO

Signature of ~~Treasurer~~ Finance Director
William E. Yeo

Date
7/25/97

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

FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE AAVA SEPARATE SEGREGATED FUND AKA GRNA-PAC	REPORT COVERING PERIOD		
	FROM 1-1-97	TO: 6-30-97	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	25012.50	25012.50	11a
ii. Unitemized	347365.33	347365.33	11a
iii. Total (add i and ii) >	372377.83	372377.83	11a
b. Political Party Committees			11b
c. Other Political Committees (such as PACs)			11c
d. Total Contributions (add a ii, b and c) >	372377.83	372377.83	11d
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	1000.00	1000.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	500.00	500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	286.04	286.04	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	374163.87	374163.87	19
20. Total Federal Receipts (subtract line 18 from line 19) >	374163.87	374163.87	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21a
i. Federal Share			21a
ii. Non-Federal Share			21a
b. Other Federal Operating Expenditures	60501.51	60501.51	21b
c. Total Operating Expenditures (add a i, a ii, and b) >	60501.51	60501.51	21c
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	152573.56	152573.56	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a,d) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			28a
a. Individual/Persons Other Than Political Committees			28a
b. Political Party Committees			28b
c. Other Political Committees (such as PACs)			28c
d. Total Contribution Refunds (add a, b and c) >	6020.85	6020.85	28d
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	219095.92	219095.92	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	219095.92	219095.92	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	372377.83	372377.83	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	372377.83	372377.83	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	60501.51	60501.51	35
36. Offsets to Operating Expenditures (from line 15)	1000.00	1000.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	59501.51	59501.51	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick C Denison RR4 Box 179EA Conover, NC 28613-9804	McDowell Hospital Occupation: CRNA	5/15/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Ina K. Binkie 15 Hillside Lane Etters, PA 17319-9620	Holy Spirit Hospital Occupation: CRNA	3/14/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Robert F Duffy 10 Blue Ridge Drive Searcy, AR 72143-7102	Anesthesia & Pain Management Assoc. Occupation: CRNA	3/27/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Bernard A Kuzava PO Box 382 Hastings MI 49058-0382	Pennuck Hospital Occupation: CRNA	4/15/97	900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
Edward O Louhrer 8 Turquoise Way San Francisco CA 94131-1638	Kaiser Permanente Hosp. Occupation: CRNA	3/19/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Marvin T Colyer PO Box 600 Farmington MD 21640-0600	Parkland Health Center Occupation: CRNA	4/15/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Stella K Norman 605 Water Street #204 New York, NY 10002-8030	Boulevard Anesthesia Occupation: CRNA	3/14/97 4/14/97 5/15/97 6/26/97	37.50 37.50 75.00 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		

SUBTOTAL of Receipts This Page (optional) 2175.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE 'SEGREGATED FUND' AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Rodney C Lester 2515 Hollow Hook Road Houston, TX 77080-3813	University of Texas	3/11/97	\$250.00
	Occupation CRNA	4/24/97	700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$950.00		
B. Full Name, Mailing Address and ZIP Code Jacquelyn K Ritzenthaler 6336 Leo Street Toledo OH 43615-5723	Anesthesiology Consultants of Toledo	4/10/97	200.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code Stephen M Sarper 29 Peveril Road Stamford CT 06902-3018	Montefiore Med Ctr	5/1/97	200.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
D. Full Name, Mailing Address and ZIP Code Mary F. Paisley 1227 Riverside Avenue Baltimore MD 21230-4334	Union Memorial Hospital	3/14/97	200.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code Leo A. LeBel 27 Rolling Brook Lane Huntington CT 06484-5760	Bridgeport Hospital	6/16/97	200.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code Walter F. Omiecinski 8434 Melody Lane Macedonia OH 44056-1714	Robinson Memorial Hosp	4/14/97	150.00
	Occupation CRNA	6/4/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code Sandra J. Peng 160B Mithering Lane Silver Springs MD 20905-7044	VA Medical Ctr	4/23/97	50.00
	Occupation CRNA	5/14/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional) 2250.00

TOTAL This Period (ast page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 12
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fredric R Brockschmidt 7 Burkwood Court East Jamestown NC 27232	Moses H. Cone Memorial Hospital	4/24/97	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rhonda M Provost 7050 Givati Road Forestville CA 95436	Kaiser Permanents	3/14/97 4/14/97 6/19/97 6/26/97	37.50 37.50 75.00 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 225.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patty J Cornwell 3626 West End Avenue #202 Nashville TN 37205-2400	Summit Anesthesia Group	4/10/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
March A Barrell 918 Avalon Street Stateville, NC 28677-3120	Iredell Memorial Hosp	4/24/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald R. Lyon 12257 Sunset Terrace Clive, IA 50325	Des Moines Gen'l Hosp	5/15/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharyn O'Toole 1917 South Queen Drive Lakewood CO 80227-1915	Littleton Hospital	5/28/97 6/19/97	150.00 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas G. Kealey 180 Leaf Street Long Lake MN 53356-9749	Abbot Northwestern Hospital	3/27/97 4/15/97	125.00 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 450.00	

SUBTOTAL of Receipts This Page (optional) 2075.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 12

FOR LINE NUMBER 1141

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry J Phillips 514 N Warren Avenue Newport, WA 99156	Guam 7th-Day Adventist Clinic	4/24/97	\$100.00
		6/19/97	50.00
	Occupation CRNA	6/26/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Patricia Cochran 408 N First Street Charlottesville VA 22902	VA Hospital	4/14/97	200.00
	Occupation CRNA	5/5/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
Barry H. Simmons 300 Third Street #318 San Francisco CA 94107-1213	Kaiser Permanente	3/11/97	200.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Jeannean J Heller 235 Forest Trail Argyle TX 76226	Self-Employed	5/15/97	300.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Jill H Erickson 307 Brookgreen Circle Anderson SC 29625-1201	Self-Employed	4/24/97	250.00
		5/14/97	50.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Cede Renger 9527 Winsome Lane Houston, TX 77063-3829	Self-Employed	4/15/97	500.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Bette M Wildgust 1747 Williams Way Narrisctown PA 19403	Lankenau Hospital	4/15/97	825.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 825.00		

SUBTOTAL of Receipts This Page (optional)

2675.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 12
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Denise Martin-Sheridan PO Box 739 Altamont NY 12009-0739	Albany Medical College	5/1/97	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick A. Pinder 717 Torrance Drive Garland TX 75040-3418	Self-Employed	3/6/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott D. Foster 400 Perkins Street #309 Oakland CA 94610	Samuel Merritt College	3/26/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	4/15/97	300.00
	Aggregate Year-to-Date > \$650.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott McGlothlen 3042 East 133rd Way Denver CO 80241	Platte Valley Med Ctr	4/15/97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julie V Garrison 7922 Footman Way Raleigh NC 27615-7735	Rex Hospital	4/1/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeanette E Peter 1576 Via Zurita Palo Verde Estates, CA 90274-1932	County Hospital	4/1/97	37.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	4/24/97	112.50
	5/15/97	200.00	
	Aggregate Year-to-Date > \$ 350.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M Gill 31253 Flying Cloud Laguna Niguel CA 92677-2716	Self-Employed	3/6/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) 2200.00

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SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 12
FOR LINE NUMBER 11af

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Lewis 16214 Pine Ridge Drive North Fraser, MI 48026	St John Hospital	5/1/97	\$ 50.00
		5/22/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	5/28/97	50.00
		Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry E Ishee II 356 North Walnut Bend Cordova TN 38018	St Dominic - Jackson Memorial Hospital	4/15/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
		Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theodore Smythe 416 S Main Street North Wales PA 19454-3204	Sal P Calabro Cosmetic Surgery Center	4/24/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
		Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shelley Martin 2 Bryberry Court The Woodlands TX 77381	Columbia HCA	5/1/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
		Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James L Lowry 2733 Vickie Drive Beavercreek OH 45434	Anesthesia Service Network Unlimited	5/15/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
		Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adrian L Witeaker 6813 Greenleaf Drive Ft Worth TX 76180-2047	Harris Hospital	5/1/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
		Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clare E Golden 753 Barron Avenue Woodbridge NJ 07095-3208	University of New Jersey	3/14/97	50.00
		4/22/97	100.00
		6/26/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
		Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 1550.00

TOTAL The Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 12
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen M Hogg 51 Mabel Street Trenton NJ 08638-2311	Deborah Heart & Lung	3/14/97	\$100.00
	Occupation CRNA	4/22/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann R Everett 4 Fox Squirrel Drive Savannah GA 31406-8902	Temporary Anesthesia Service	4/10/97	300.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russell T Beavers 2102 Andy Cove Pine Bluff AR 71602	Jefferson Anesthesiology Associates	4/10/97	200.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T Joe Knight 3124 Trace Way Trussville AL 35173-2972	Medical Center East	4/24/97	325.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 325.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra K Peters PO Box 715 Llano, TX 78643-0715	Llano Memorial Hosp. & Hill Country Anest.	4/10/97	200.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael F. Evans Rt 2 Box 266 Buna TX 77612-9730	Coastal Anesthesia Associates Inc	3/19/97	200.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry W Serville 2608 Timberline Trail Palestine TX 75801-8510	Dr. Cooper	3/11/97	400.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 1825.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanely W Might 408 Greenbriar Lane Bedford TX 76021-2113	All Saints Episcopal Hospital	4/24/97	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathy J Cibula 7365 SW 166th Street Miami FL 33157	Jackson Memorial Hosp	3/26/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	4/22/97	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve H Meek PO Box 491 Ephraim UT 84627	San Pete Valley Hosp.	4/23/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	5/14/97	150.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James R Ragon 7046 Cobblestone Drive Memphis TN 38125-2614	Pediatric Anesthesiologist PA	5/15/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy A Hatcher 258 Santa Monica Way Santa Barbara CA 93109-1948	Self-Employed	4/10/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth M Gibaut 3015 St Andrews Road Fairfield CA 94533-7862	USAF	3/19/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan E. Morenz 10735 Orange Park Blvd Orange CA 92869-1623	Self-Employed	4/1/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 12

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leslie L Zoltan 2339 E Cinnabar Avenue Phoenix AZ 85028	Allied Nurse Anesthesia	5/1/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert C Gratz c/o Straub Clinic & Hosp. 88B S King Street, Honolulu HI 96813	Straub Clinic & Hosp	3/27/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul W Santoro 2290 Stonington Lane Rochester NY 48306	Harbor Beach Community Hospital	6/19/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gretchen I Dreikorn 329 Griffith Avenue Johnstown PA 15909-1005	Good Samaritan Med Ctr	4/14/97 5/14/97	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sue A Holland 4618 94th Street Lubbock TX 79424-5016	Self-Employed	3/27/97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn C Brown-Uchino 5928 Jefferson Blvd Brederrick MD 21703-6951	Northwestern Med Faculty Foundation	3/14/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W Shie 5875 Lindbergh Street Orfield PA 18069	Lehigh Anesc Assoc PC	3/27/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 2550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wendell D Spencer RR 1 Box 8E O'Neill NE 68763	St. Vincent's Hospital	3/6/97	\$150.00
	Occupation: CRNA	4/16/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		
B. Full Name, Mailing Address and ZIP Code Mark G Odden 218 Bailey Drive Manchester IA 52057-1614	Delaware County Mem. Hospital	4/15/97	450.00
	Occupation: CRNA	5/8/97	37.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 487.50		
C. Full Name, Mailing Address and ZIP Code Craig S Atkins 1427 Redberry Court Fort Collins CO 80525	Powder Valley Hospital	4/9/97	100.00
	Occupation: CRNA	4/15/97	175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 275.00		
D. Full Name, Mailing Address and ZIP Code Mona L Holbrook 3326 Rosewood Lane Oklahoma City OK 73120-5604	Self-Employed	4/10/97	1000.00
	Occupation: CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
E. Full Name, Mailing Address and ZIP Code George I. Hilton 26667 St Rt 124 Waverly OH 45690-9727	Pike Community Hospital	4/10/97	200.00
	Occupation: CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code Thomas M Schell 2121 Oak Lane Battle Creek MI 49017-9526	Battle Creek Health System	3/19/97	300.00
	Occupation: CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code Lisa P Fontana 877 Craigmont Lane Concord NC 28027	Northeast Medical Ctr	5/15/97	200.00
	Occupation: CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		

2912.50

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Phillip D Unthank 19146 West Outer Drive Dearborn MI 48128	Harper Hospital	4/1/97	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas R Peirano 2386 Lake Meadow Circle Martinez CA 94553-5476	Permanente Med Group	4/24/97	210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Erin A Swain 17493 Parklane Livonia MI 48152	Providence Hospital	4/10/97 5/15/97	150.00 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Margaret A Flynn-Cook 2700 Turner Grove Drive South Greensboro NC 27455	Memorial Hospital	5/21/97 6/19/97	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elizabeth Parus 15498 Luxemburg Fraser MI 48026	St John Health System	5/1/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lenore France 2822 Lakeland Parkway Silver Lake OH 44224	Westbranch Anest Assoc	4/24/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen A Flaherty 1539 Park Avenue #5 River Forest IL 60305-1055	Rush-Presbyterian St. Luke's Med Center	4/24/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND ARA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jaclynn M Kenna 807 Beaumont Drive #203 Naperville IL 60540	Guardian Anesthesia Associates	5/22/97	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol P Woods 7310 Deep Valley Drive Germantown IN 38138	Baptist Memorial Hosp.	4/10/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary P Neff 515 Keech Street Ann Arbor MI 48103	St Joseph's Hospital	4/24/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leanne Tawoda 1720 John West Road #1003 Dallas TX 75228	VA North Texas Health-care System	5/14/97 6/4/97	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael T Koszalka 2 High Elms Lane Glen Cove NY 11542	Self-Employed	5/28/97 6/16/97	150.00 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	25012.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA GRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Potomac Riverboat Company 205 The Strand Alexandria, VA 22314	N/A	5/19/97	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Refund-damage deposit	Aggregate Year-to-Date > \$1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$1,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AXA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	NAME OF EMPLOYER	Date (month, day, year)	Amount of Each Receipt This Period
Kennelly for Congress PO Box 3719 Central Station Hartford CT 06103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Refund of contrib.	Refund of contrib made 10/12/96 X Employer: B Kennelly US House CT Aggregate Year-to-Date > \$ 500.00	6/19/97	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kemper Money Market 811 Main Street Kansas City, MO 64105-2005	N/A	1/25/97	38.36
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 38.36	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kemper Money Market	N/A	2/25/97	50.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 89.05	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kemper Money Market	N/A	3/25/97	44.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 133.43	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kemper Money Market	N/A	4/25/97	50.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 183.89	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kemper Money Market	N/A	5/25/97	46.63
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 230.52	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kemper Money Market	N/A	6/25/97	55.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 286.04	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page the line number only)

286.04

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Georgia Republican Party 5600 Roswell Road #20D East Atlanta GA 30342	New reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	1/23/97	\$1,500.00
B. Full Name, Mailing Address and ZIP Code Rutland County Republican Committee 10 Stonehollow Road Mendon VT 05701	Golf outing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	5/29/97	75.00
C. Full Name, Mailing Address and ZIP Code US Senate Gift Shop Senate Russell Building, Rm SR-180 Washington DC 20510	CRNA-PAC riverboat trip Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	3/24/97	367.25
D. Full Name, Mailing Address and ZIP Code Wiley, Rain & Fielding 1776 K Street NW Washington DC 20006	retainer fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	3/25/97	4,078.60
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	6,020.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Prospect Travel Agency 222 S Prospect Avenue Park Ridge IL 60068	CRNA-PAC committee member airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	1/17/97	\$ 783.50
American Assn of Nurse Anesthetists 222 S Prospect Avenue Park Ridge IL 60068	PAC meeting expenses/ federal express Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	3/18/97	1,570.45
American Association of Nurse Anest. 222 S Prospect Avenue Park Ridge IL 60068	Administrative exps 12/96 - 2/97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	3/18/97	4,950.00
Reliance Graphics 2256 E Landmeier Road Elk Grove Village IL 60007	envelopes for telemarketer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	3/18/97	2,210.89
Reliance Graphics 2256 E Landmeier Road Elk Grove Village IL 60007	return address envelopes for telemarketer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	2/28/97	947.67
Political Americana 1456 G Street NW Atrium Level Washington DC 20009	Auction expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	3/20/97	729.63
NBD Bank Merchant Bankcard Six Fountain Square Plaza, Elgin, IL	credit card processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	1/31/97	4.36
NBD Bank, Merchant Bankcard Six Fountain Square Plaza Elgin, IL 60120	credit card processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	2/28/97	1.25
Membership Marketing Services 1280 Perimeter Parkway Virginia Beach, VA 23454	Telemarketing pymt thru 4/24/97 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	5/12/97	27,546.39

SUBTOTAL of Disbursements This Page (optional)	38,744.19
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Membership Marketing Services 1280 Perimeter Parkway Virginia Beach, VA 23454	telemarketing installment pymt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	5/16/97	\$10,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Prospect Travel Agency 222 S Prospect Avenue Park Ridge IL 60068	Airfare NRCC summer meeting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	5/20/97	175.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Membership Marketing Services 1280 Perimeter Parkway Virginia Beach, VA 23454	telemarketing installment pymt Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	6/30/97	10,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NBD Bank Merchant Bankcard Six Fountain Square Plaza Elgin, IL 60120	credit card processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	3/31/97	107.69
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
XBD Bank Merchant Bankcard Six Fountain Square Plaza Elgin, IL 60120	credit card processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	5/31/97	255.85
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NBD Bank Merchant Bankcard Six Fountain Square Plaza Elgin, IL 60120	credit card processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	6/30/97	218.78
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Potomac Riverboat Company 205 The Strand Alexandria, VA 22314	Boat cruise damage deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1997	3/13/97	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

21,757.32

TOTAL This Period (last page this line number only)

60,501.51

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Grassley '98 Committee P.O. Box 6693 Alexandria, VA 22306-0193	Charles E. Grassley, U.S. SENATE IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	01/17/97	1,000.00
Tim Johnson for U.S. Senate P.O. Box 88113 Sioux Falls, SD 57109	Tim Johnson, U.S. SENATE SD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 96 debt retirement	01/17/97	2,000.00
Citizens for Arlen Specter 900 2nd Street, NE Suite 306 Washington, DC 20002	Arlen Specter, U.S. SENATE PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	01/23/97	1,000.00
Bill Frist 4205 Hillsborough Road Suite 306 Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	01/23/97	1,000.00
Brownback for Senate P.O. Box 20008 Topeka, KS 66601	Sam Brownback, U.S. SENATE KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 96 debt retirement	01/23/97	1,000.00
John Dingell for Congress Committee P.O. Box 75214 Washington, DC 20013-5214	John Dingell, U.S. HOUSE 16th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	01/23/97	1,000.00
Hagel for Nebraska 507 Capitol Court, NE Suite 100 Washington, DC 20002	Chuck Hagel, U.S. SENATE NE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 96 debt retirement	01/23/97	1,000.00
Coverdell Good Government Committee 3091 Maple Drive Suite 200 Atlanta, GA 30305	Paul Coverdell, U.S. SENATE GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	01/23/97	1,000.00
Cleland for Senate 3070 NE Expressway Atlanta, GA 30341	Max Cleland, U.S. SENATE GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 96 debt retirement	01/24/97	1,000.00
SUB TOTAL of Disbursements this page (Optional).....>			10,000.00
TOTAL this Period (Last page this line number only).....>			

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	01/24/97	500.00
Democratic National Committee 430 South Capitol Street, SE Washington, DC 20003	Dues Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	01/24/97	7,500.00
Craig for Senate P.O. Box 2754 Boise, ID 83701	Larry E. Craig, U.S. SENATE ID Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁶ debt retirement	01/31/97	1,000.00
Tom DeLay Congressional Committee 10707 Corporate drive Suite 130 Stafford, TX 77477	Tom DeLay, U.S. HOUSE 22nd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	1,000.00
Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	DUES Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	02/13/97	5,000.00
Campbell Victory Fund 425 Second Street, NE Washington, DC 20002	Ben Nighthorse Campbell, U.S. SENATE CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	1,000.00
Friends for Houghton 4451 Brookfield Corporate Drive Chantilly, VA 22021	Arno Houghton, U.S. HOUSE 31st NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	500.00
Roy Blunt for Congress 4010 Franconia Road Alexandria, VA 22310-2136	Roy Blunt, U.S. HOUSE 7th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	500.00
Nussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	Jim Nussle, U.S. HOUSE 2nd IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	500.00
SUB TOTAL of Disbursements this page (Optional).....>			17,500.00
TOTAL this Period (Last page this line number only).....>			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
3	15
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (In Full)
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
McCrary for Congress 4016 Franconia Road Alexandria, VA 22310-2136	Jim McCrary, U.S. HOUSE 5th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	500.00
Solomon for Congress 6126 11th Road, N. Arlington, VA 22205	Gerald B.H. Solomon, U.S. HOUSE 22nd NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	1,000.00
Friends of Senator D'Amato 425 Second Street, NE Washington, DC 20002	Alfonse M. D'Amato, U.S. SENATE NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	1,000.00
Ensign for Congress 1320 N. Wayne Street Suite 206 Arlington, VA 22201	John Ensign, U.S. HOUSE 1st NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	500.00
New Republican Majority Fund 3001 Park Center Drive Suite 1105 Alexandria, VA 22302	Dues Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	02/13/97	5,000.00
Committee to Re-Elect Nancy Johnson 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	1,000.00
National Republican Senatorial Committee 425 Second Street, NE Washington, DC 20002	Dues Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	02/13/97	15,000.00
Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	Kenny Hulshof, U.S. HOUSE 9th MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁰ debt retirement	02/13/97	500.00
Jim Rogan for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	James E. Rogan, U.S. HOUSE 27th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	500.00
SUB TOTAL of Disbursements this page (Optional).....>			25,000.00
TOTAL this Period (Last page this line number only).....>			

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	James E. Rogan, US House 27th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	198.61 (In-Kind)
Jim Rogan for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	James E. Rogan, US House 27th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	198.61 (Memo In-Kind)
Judd Gregg Committee P.O. Box 1812 Concord, NH 03302-1812	Judd Gregg, U.S. SENATE NH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/13/97	1,000.00
National Republican Senatorial Committee 425 Second Street, NE Washington, DC 20002	Voided Check - <i>Bank</i> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	02/19/97	-15,000.00
Republican National Committee 310 First Street, SE Washington, DC 20003	sustaining membership dues Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	02/21/97	5,000.00
1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	Darlene Hooley, U.S. HOUSE 5th OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/26/97	148.86 (In-Kind)
Darlene Hooley for Congress P.O. Box 465 West Lynn, OR 97168	Darlene Hooley, U.S. HOUSE 5th OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/26/97	148.86 (Memo In-Kind)
Mac Collins for Congress P.O. Box 35 Jonesboro, GA 30237	Mac Collins, U.S. HOUSE 3rd GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/26/97	500.00
LoBiondo for Congress P.O. Box 16021 Alexandria, VA 22302	Frank A. LoBiondo, U.S. HOUSE 2nd NI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/26/97	500.00

SUB TOTAL of Disbursements this page (Optional) > -7,652.53

TOTAL this Period (Last page this line number only) >

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 15
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Volunteers for Shinkins 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Shinkins, U.S. HOUSE 20th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/26/97	500.00
Tom Sawyer for Congress 1540 West Market Street Akron, OH 44313	Tom Sawyer, U.S. HOUSE 14th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁶ debt retirement	02/26/97	500.00
Hooley for Congress P.O. Box 463 West Lynn, OR 97068	Darlene Hooley, U.S. HOUSE 5th OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	02/26/97	500.00
Patrick Kennedy for Congress P.O. Box 1356 Providence, RI 02901	Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/06/97	250.00
Schaefer to Congress P.O. Box 1654 Englewood, CO 80150	Dan Schaefer, U.S. HOUSE 6th CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/06/97	500.00
John Breaux Senate Committee 110 B East Broad Street Falls Church, VA 22046	John B. Breaux, U.S. SENATE LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/06/97	1,000.00
Citizens for Dave Obey P.O. Box 1522 Wausau, WI 54402-1522	David R. Obey, U.S. HOUSE 7th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/06/97	500.00
Democratic Congressional Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Purpose of Disbursement 02/27/97 <i>misc</i> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	03/10/97	5,000.00
Arden Spencer Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	Arden Spencer, Senator (R-PA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/11/97	148.86 (in-kind)

SUB TOTAL of Disbursements this page (Optional).....> 8,898.86

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	6	15
FOR LINE NUMBER		23

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NAME OF COMMITTEE (in Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Citizens for Arlen Specter 900 2nd Street, NE Suite 306 Washington, DC 20002	Arlen Specter, Senator (R-PA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/11/97	148.86 (Memo In-Kind)
Ann Northrup for Congress P.O. Box 7313 Louisville, KY 40257	Ann M. Northrup, U.S. HOUSE 3rd KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁶ debt retirement	02/26/97	500.00
Friends of Kent Conrad 110 B East Broad Street Falls Church, VA 22046	Kent Conrad, U.S. SENATE ND Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ²⁰⁰⁰	03/13/97	2,500.00
Ron Kind for Congress 219 Pearl Street LaCrosse, WI 54602-0184	Ron Kind, U.S. HOUSE 3rd WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁶ debt retirement	03/17/97	500.00
1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	in-kind contribution-Livingston Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/18/97	148.86 (In-Kind)
Friends of Bob Livingston P.O. Box 6329 New Orleans, LA 70174	in-kind contribution-Livingston Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/18/97	148.86 (Memo In-Kind)
A Lot of People Supporting Tom Daschle 424 C Street NW 1st floor Washington, DC 20002	Tom Daschle, U.S. SENATE SD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁸	03/18/97	2,000.00
Manton for Congress P.O. Box 75214 Washington, DC 20013-5214	Thomas J. Manton, U.S. HOUSE 7th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	500.00
Bob Schaffer for Congress Committee 425 8th Street, NW Suite 629 Washington, DC 20004	Bob Schaffer, U.S. HOUSE 4th CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	500.00

SUB TOTAL of Disbursements this page (Optional).....> **6,648.86**

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full):
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Cooksey for Congress P.O. Box 7600 Monroe, LA 71211-7600	John Cooksey, U.S. HOUSE 5th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	500.00
Dick Arney Campaign Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 22021	Dick Arney, U.S. HOUSE 26th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	1,000.00
Friends of Sherrod Brown 111 Edgfield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	1,000.00
Gene Green Congressional Campaign P.O. Box 75214 Washington, DC 20013-5214	Gene Green, U.S. HOUSE 29th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	500.00
Philip Crane for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Philip M. Crane, U.S. HOUSE 8th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	1,000.00
Dianna DeGette for Congress P.O. Box 75214 Washington, DC 20013-5214	Dianna DeGette, U.S. HOUSE 1st CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	500.00
Norwood for Congress P.O. Box 499 Evans, GA 30809	Charlie Norwood, U.S. HOUSE 10th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	500.00
Dave Camp for Congress Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Dave Camp, U.S. HOUSE 4th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	500.00
Bob Riley for Congress P.O. Box 700 Ashland, AL 36251	Bob Riley, U.S. HOUSE 3rd AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸ debt retirement	03/26/97	500.00

SUB TOTAL of Disbursements this page (Optional).....> **6,000.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **8** OF **15**
FOR LINE NUMBER **23**

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NAME OF COMMITTEE (in Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Ed Pease for Congress P.O. Box 16021 Alexandria, VA 22302	Ed Pease, U.S. HOUSE 7th IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	03/26/97	500.00
Team Emerson P.O. Box 16021 Alexandria, VA 22302	Jo Ann Emerson, U.S. HOUSE 3th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/01/97	500.00
Republican National Committee 310 First Street, SE Washington, DC 20003	1997 2nd dinner Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	04/11/97	10,000.00
Republican House Senate Dinner 425 Second Street, NE Second Floor Washington, DC 20002	1/2 NRCC, 1/2NRSC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	04/11/97	15,000.00 (In-Kind)
National Republican Congressional Committee 320 1st Street, SE Washington, DC 20003	1/2 NRCC, 1/2NRSC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	04/11/97	7,500.00 (Memo In-Kind)
National Republican Senatorial Committee 425 Second Street, NE Washington, DC 20002	1/2 NRCC, 1/2NRSC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	04/11/97	7,500.00 (Memo In-Kind)
Democratic National Committee 430 South Capitol Street, SE Washington, DC 20003	National Presidential Gala Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ¹⁹⁹⁷	04/11/97	7,500.00
Hobson for Congress 82 West Columbia Street Springfield, OH 45502	David L. Hobson, U.S. HOUSE 7th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/11/97	1,000.00
Weygand for Congress P.O. Box 28405 Providence, RI 02908	Robert Weygand, U.S. HOUSE 2nd RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/11/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> **35,500.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 15
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Texas for Henry Bonilla P.O. Box 17292 San Antonio, TX 78217	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/11/97	500.00
B. Full Name, Mailing Address and Zip Code Porter for Illinois P.O. Box 7126 Deerfield, IL 60015	John Porter, U.S. HOUSE 10th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/11/97	500.00
C. Full Name, Mailing Address and Zip Code Tim Johnson for U.S. Senate P.O. Box 88113 Sioux Falls, SD 57105	Tim Johnson, U.S. SENATE SD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸ debt retirement	04/11/97	1,000.00
D. Full Name, Mailing Address and Zip Code Robert Aderholt for Congress P.O. Box 1158 Haleville, AL 35565	Robert Aderholt, U.S. HOUSE 4th AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/16/97	500.00
E. Full Name, Mailing Address and Zip Code 1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	in-kind contribution for Whitfield (98P) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/17/97	148.86 (In-Kind)
F. Full Name, Mailing Address and Zip Code Whitfield for Congress P.O. Box 391 Hopkinsville, KY 42241	in-kind contribution for Whitfield (98P) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/17/97	148.86 (Memo In-Kind)
G. Full Name, Mailing Address and Zip Code Whitfield for Congress P.O. Box 391 Hopkinsville, KY 42241	Edward Whitfield, U.S. HOUSE 1st KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/18/97	500.00
H. Full Name, Mailing Address and Zip Code Friends of Bob Livingston P.O. Box 6329 New Orleans, LA 70174	Robert L. Livingston, U.S. HOUSE 1st LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/21/97	1,000.00
I. Full Name, Mailing Address and Zip Code Friends of Sherwood Boehlert Box C Utica, NY 13503	Sherwood Boehlert, U.S. HOUSE 23rd NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	04/24/97	1,500.00

SUB TOTAL of Disbursements this page (Optional).....>

5,648.86

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND ARA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	in-kind-S. Boehlert event Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	04/24/97	148.86 (In-Kind)
Friends of Sherwood Boehlert Box C Utica, NY 13503	in-kind-S. Boehlert event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	04/24/97	148.86 (Memo In-Kind)
National Republican Congressional Committee 320 1st Street, SE Washington, DC 20003	Congressional Forums Membership Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	04/29/97	5,000.00
People for English Committee P.O. Box 1940 Erie, PA 16507	Phil English, U.S. HOUSE 21st PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	04/29/97	500.00
Sue Kelly for Congress 2555 Pennsylvania Avenue, NW Suite 802 Washington, DC 20037	Sue W. Kelly, U.S. HOUSE 19th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	04/29/97	500.00
Congressman Bart Gordon Committee 4491 MacArthur Blvd. NW Suite 201 Washington, DC 20007	Bart Gordon, U.S. HOUSE 6th TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	04/29/97	500.00
Nussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	Jim Nussle, U.S. HOUSE 2nd IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	04/29/97	1,000.00
Billie for Congress 4914 Fitzhugh Avenue Suite 200 Richmond, VA 23230	Thomas J. Billie, U.S. HOUSE 7th VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	04/29/97	1,000.00
Tim Hutchinson for Senate 14154 W. 7th Street Front Office Little Rock, AR 72201	Tim Hutchinson, U.S. SENATE AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2002	04/30/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 9,648.86

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	11	15
FOR LINE NUMBER		
23		

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NAME OF COMMITTEE (in Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
National Republican Congressional Committee 320 1st Street, SE Washington, DC 20003	Conference fees-Summer Meeting Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	04/30/97	250.00
B. Full Name, Mailing Address and Zip Code Thurman for Congress 3610 38th Street, NW Suite F 270 Washington, DC 20016	Purpose of Disbursement Karen L. Thurman, U.S. HOUSE 5th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	05/02/97	500.00
C. Full Name, Mailing Address and Zip Code Hoolay for Congress P.O. Box 465 West Lynn, OR 97068	Purpose of Disbursement Darlene Hoolay, U.S. HOUSE 5th OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	05/02/97	500.00
D. Full Name, Mailing Address and Zip Code Coverdell Good Government Committee 3091 Maple Drive Suite 200 Atlanta, GA 30305	Purpose of Disbursement Paul Coverdell, U.S. SENATE GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	05/02/97	1,000.00
E. Full Name, Mailing Address and Zip Code Friends of Senator D'Amato 425 Second Street, NE Washington, DC 20002	Purpose of Disbursement Alfonse M. D'Amato, U.S. SENATE NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	05/02/97	2,000.00
F. Full Name, Mailing Address and Zip Code Citizens for Arlen Specter 906 2nd Street, NE Suite 306 Washington, DC 20002	Purpose of Disbursement Arlen Specter, U.S. SENATE PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	05/02/97	1,000.00
G. Full Name, Mailing Address and Zip Code New Democrat Network 501 Capital Court, NE Suite 200 Washington, DC 20002	Purpose of Disbursement 5/6 Dinner Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	05/06/97	1,000.00
H. Full Name, Mailing Address and Zip Code Barton for Congress P.O. Box 1444 Ennis, TX 75120	Purpose of Disbursement Joe L. Barton, U.S. HOUSE 6th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	05/06/97	1,000.00
I. Full Name, Mailing Address and Zip Code Santorum for Senate 128 North Columbus Street Alexandria, VA 22314	Purpose of Disbursement Rick Santorum, U.S. SENATE PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 2000	05/07/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....	\$,250.00
TOTAL this Period (Last page this line number only).....	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
KILPATRICK FOR UNITED STATES CONGRESS 3223 CARTER DETROIT, MI 48206	Carolyn Cheeks Kilpatrick, U.S. HOUSE 15th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	05/16/97	500.00
Tomas for Congress P.O. Box 2884 Washington, DC 20813	Edolphus Tomas, U.S. HOUSE 10th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	05/16/97	500.00
Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Michael Bilirakis, U.S. HOUSE 9th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	05/16/97	500.00
Re-elect Kucinich to Congress 611 Pennsylvania Avenue, SE Suite 373 Washington, DC 20003	Dennis Kucinich, U.S. HOUSE 10th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	05/16/97	500.00
Gephardt for Congress 635 B Pennsylvania Avenue, SE Washington, DC 20003	Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	05/20/97	500.00
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	05/20/97	4,000.00
Jan Schakowsky for Congress 1101 Ridge Evanston, IL 60202	Jan Schakowsky, U.S. HOUSE 9th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	05/21/97	1,000.00
New Mexicans for Bill Redmond 2650 Sawmill Road Suite D Santa Fe, NM 87505	Bill Redmond, U.S. HOUSE 3rd NM Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) ⁹⁸ Special Election	05/22/97	500.00
Robert Aderholt for Congress P.O. Box 1158 Haleyville, AL 35563	Robert Aderholt, U.S. HOUSE 4th AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) ⁹⁸	05/28/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....>	9,000.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 13 OF 15
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of John Boehner 7908 Cincinnati-Dayton Road Suite 1 West Chester, OH 45069	John A. Boehner, U.S. HOUSE 8th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/02/97	588.00
Friends of Clay Shaw 4451 Brookfield Corporate Drive Suite 500 Chantilly, VA 22021	E. Clay Shaw, U.S. HOUSE 22nd FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/02/97	500.00
BLAGOJEVICH FOR CONGRESS 110 B East Broad Street Falls Church, VA 22046	Rod R. Blagojevich, U.S. HOUSE 5th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/02/97	500.00
Friends of Senator D'Amato 425 Second Street, NE Washington, DC 20002	Alfonse M. D'Amato, U.S. SENATE NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/02/97	1,008.00
TED STRICKLAND FOR CONGRESS 1337 THOMAS HOLLOW ROAD PO BOX 580 LUCASVILLE, OH 45648	Ted Strickland, U.S. HOUSE 6th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/05/97	590.00
Stabenow for Congress P. O. Box 2884 Washington, DC 20013	Deb Stabenow, U.S. HOUSE 8th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/11/97	500.00
Ann Northrup for Congress P.O. Box 7313 Louisville, KY 40257	Anne M. Northrup, U.S. HOUSE 3rd KY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/11/97	1,000.00
Bob Etheridge for Congress P.O. Drawer 1059 Lillington, NC 27546	Bob Etheridge, U.S. HOUSE 2nd NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/12/97	500.00
Bob Filner for Congress P.O. Box 127868 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/12/97	500.00

SUB TOTAL of Disbursements this page (Optional).....> 5,500.00

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	14	15
FOR LINE NUMBER		
23		

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas, U.S. HOUSE 21st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/16/97	2,000.00
B. Full Name, Mailing Address and Zip Code Friends for Rick White P.O. Box 8156 Kirkland, WA 98034	Rick White, U.S. HOUSE 1st WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/16/97	500.00
C. Full Name, Mailing Address and Zip Code Hooley for Congress P.O. Box 465 West Lynn, OR 97068	Darlene Hooley, U.S. HOUSE 5th OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/16/97	500.00
D. Full Name, Mailing Address and Zip Code Luther for Congress 1399 Geneva Avenue, North Suite 103 Oakdale, MN 55128	William P. Luther, U.S. HOUSE 6th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/16/97	500.00
E. Full Name, Mailing Address and Zip Code Paxon for Congress P.O. Box 69 Victor, NY 14564	Bill Paxon, U.S. HOUSE 27th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/16/97	500.00
F. Full Name, Mailing Address and Zip Code Ron Kind for Congress 219 Pearl Street LaCross, WI 54602-0184	Ron Kind, U.S. HOUSE 3rd WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/17/97	500.00
G. Full Name, Mailing Address and Zip Code Carolyn McCarthy for Congress 1205 Franklin Avenue Willston Park, NY 11596	Carolyn McCarthy, U.S. HOUSE 4th NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/17/97	500.00
H. Full Name, Mailing Address and Zip Code Bob Riley for Congress P.O. Box 700 Ashland, AL 36251	Bob Riley, U.S. HOUSE 3rd AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/17/97	1,000.00
I. Full Name, Mailing Address and Zip Code Citizens for Ron Klink 14 Benfer Street Pittsburgh, PA 15644	Ron Klink, U.S. HOUSE 4th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/17/97	500.00

SUB TOTAL of Disbursements this page (Optional)> 6,500.00

TOTAL this Period (Last page this line number only)>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 AKA CRNA-PAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Democratic Congressional Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	All star game Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	06/19/97	5,000.00
B. Full Name, Mailing Address and Zip Code Ben Cardin for Congress 38 Ivy Street, SE 10th Floor Washington, DC 21201	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/20/97	500.00
C. Full Name, Mailing Address and Zip Code 1001 Restaurant Corporation 5105 Barwyn Road Suite 101 College Park, MD 20740	In kind -Cardin Event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/26/97	130.65 (In-Kind)
D. Full Name, Mailing Address and Zip Code Ben Cardin for Congress 38 Ivy Street, SE 10th Floor Washington, DC 21201	In kind -Cardin Event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/26/97	130.65 (Memo In-Kind)
E. Full Name, Mailing Address and Zip Code Knollenberg for Congress Committee 27863 Orchard Hill Road Farmington Hills, MI 48334	Joe Knollenberg, U.S. HOUSE 11th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 98	06/26/97	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> **6,130.65**

TOTAL this Period (Last page this line number only).....> **152,573.56**

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-30-97
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>SES</i> PREPARER	8-2-97 DATE PREPARED