

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

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

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

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

5. Covering Period 12 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer William Yeo

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		516385.99
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	594198.20									
(c) Total Receipts (from Line 19)	8193.54	661832.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	602391.74	1178218.84								
7. Total Disbursements (from Line 31)	56618.37	632445.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	545773.37	545773.37								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4950.00	313271.45
(i) Itemized (use Schedule A)	1663.00	325147.26
(ii) Unitemized	6613.00	638418.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6613.00	638418.71
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1580.54	22414.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8193.54	661832.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8193.54	661832.85

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	618.37	159874.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	618.37	159874.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56000.00	466774.05
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	319.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	319.00
29. Other Disbursements.....	0.00	5477.87
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	56618.37	632445.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56618.37	632445.47

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	6613.00	638418.71
34. Total Contribution Refunds (from Line 28(d))	0.00	319.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6613.00	638099.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	618.37	159874.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	618.37	159874.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dennis Ray Dodd		Date of Receipt
	Mailing Address PO Box 571		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Altus	OK	73522-0571
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation CRNA	Transaction ID: 27093211
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="540.00"/>	<input type="text" value="45.00"/>

B.	Full Name (Last, First, Middle Initial) Daniel Greenwald		Date of Receipt
	Mailing Address 11094 2nd Street		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Mount Vernon	WA	98273-7210
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation CRNA	Transaction ID: 27093212
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="650.00"/>	<input type="text" value="50.00"/>

C.	Full Name (Last, First, Middle Initial) Sandi Peters		Date of Receipt
	Mailing Address PO Box 729		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Llano	TX	78643-0729
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hill Country Anesthesia		Occupation CRNA	Transaction ID: 27093213
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="375.00"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 21
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mark T Cappello		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	3		2	0	0	7													
Mailing Address 1511 W Ardmore Apt 1		Transaction ID: 27093215																				
City Chicago	State IL	Zip Code 60660-4218																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>75.00</td></tr> </table>	75.00																			
75.00																						
Name of Employer Self Employed	Occupation CRNA																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>850.00</td></tr> </table>	850.00																				
850.00																						

B.

Full Name (Last, First, Middle Initial) Jon W Buggs		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	3		2	0	0	7													
Mailing Address 1037 N 14th St		Transaction ID: 27093216																				
City Manitowoc	State WI	Zip Code 54220-3234																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>25.00</td></tr> </table>	25.00																			
25.00																						
Name of Employer Holy Family Memorial	Occupation CRNA																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>300.00</td></tr> </table>	300.00																				
300.00																						

C.

Full Name (Last, First, Middle Initial) Mary A Golinski		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	3		2	0	0	7													
Mailing Address 4457 Gaylord		Transaction ID: 27093217																				
City Troy	State MI	Zip Code 48098-4458																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer SELF	Occupation CRNA																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1175.00</td></tr> </table>	1175.00																				
1175.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"> <tr><td>200.00</td></tr> </table>	200.00
200.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Duane A Smith		Date of Receipt MM / DD / YYYY 12 / 03 / 2007		
	Mailing Address 6000 Stony Brook Dr		Transaction ID: 27093219		
	City Manhattan	State KS	Zip Code 66503-9169	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1565.00			

B.	Full Name (Last, First, Middle Initial) Lisa M Farry		Date of Receipt MM / DD / YYYY 12 / 03 / 2007		
	Mailing Address 4544 Columbus St Apt 519		Transaction ID: 27093220		
	City Virginia Beach	State VA	Zip Code 23462-6855	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer great lakes anesthesia, pc	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00			

C.	Full Name (Last, First, Middle Initial) Jennifer S Aanenson		Date of Receipt MM / DD / YYYY 12 / 03 / 2007		
	Mailing Address 6585 154th Street W		Transaction ID: 27093221		
	City Apple Valley	State MN	Zip Code 55124-4245	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of Minnesota Medical Center	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00			

SUBTOTAL of Receipts This Page (optional)	▶	270.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 21
(check only one)

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

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

A.

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

Mailing Address 6585 154th St W

City State Zip Code
Saint Paul MN 55124-4245

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

Name of Employer Requested Occupation
CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: 27093222

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
S Alison S Braden

Mailing Address PO Box 310171

City State Zip Code
New Braunfels TX 78131-0171

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

Name of Employer Self Occupation
CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 755.00

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

Transaction ID: 27093225

Amount of Each Receipt this Period
405.00

C.

Full Name (Last, First, Middle Initial)
Emery L Capt

Mailing Address 2216 Mitze Lane

City State Zip Code
Palestine TX 75803-8593

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

Name of Employer Premier Anesthesia Occupation
CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: 27093229

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2490.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul R Blakeley		Date of Receipt MM / DD / YYYY 12 / 14 / 2007		
	Mailing Address 10413 Misty Ridge Dr		Transaction ID: 27093231		
	City Concord	State OH	Zip Code 44077-9347	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cleveland Clinic Foundati- on	Occupation CRNA	Aggregate Year-to-Date ▼ 1275.00		

B.	Full Name (Last, First, Middle Initial) Steven L McKitrick		Date of Receipt MM / DD / YYYY 12 / 14 / 2007		
	Mailing Address 2404 Rockford Lane		Transaction ID: 27093232		
	City Edmond	State OK	Zip Code 73034-7985	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Home Associates Account and Billing Se	Occupation CRNA	Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Pushpa Paul		Date of Receipt MM / DD / YYYY 12 / 17 / 2007		
	Mailing Address 13003 Stevens Rd		Transaction ID: 27093237		
	City Philadelphia	State PA	Zip Code 19116-1320	Amount of Each Receipt this Period 620.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anesthesia Associates of Abington	Occupation CRNA	Aggregate Year-to-Date ▼ 620.00		

SUBTOTAL of Receipts This Page (optional)	▶	1870.00
TOTAL This Period (last page this line number only)	▶	4950.00

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

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

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

A.	Full Name (Last, First, Middle Initial) DWS Scudder		Date of Receipt
	Mailing Address 811 Main Street		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Kansas City	MO	64105-2005
	FEC ID number of contributing federal political committee.		Transaction ID: 27124413
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="77.29"/>
		<input type="text" value="817.25"/>	Bank Interest

B.	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank		Date of Receipt
	Mailing Address 33 North LaSalle St.		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Chicago	IL	60690
	FEC ID number of contributing federal political committee.		Transaction ID: 27124416
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1503.25"/>
		<input type="text" value="21596.89"/>	Bank Interest

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1580.54"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1580.54"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Edonations

Mailing Address 118 North Saint Asaph Street,

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Fee for CRNA-PAC website to take donations from AANA members

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 27124417

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

4.50

Fee for CRNA-PAC website to take donations from AA-NA members

B.

Full Name (Last, First, Middle Initial)

JP Morgan Chase Bank

Mailing Address 33 North LaSalle St.

City Chicago State IL Zip Code 60690

Purpose of Disbursement Bank fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District: 00

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 27124418

Date of Disbursement

12 / 30 / 2007

Amount of Each Disbursement this Period

613.87

Bank fees

SUBTOTAL of Disbursements This Page (optional)

618.37

TOTAL This Period (last page this line number only)

618.37

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address 7908 Cincinnati-Dayton Road Suite 1 <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name John Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994205 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7	Amount of Each Disbursement this Period 2500.00 <hr/> Candidate Contribution
B.	Full Name (Last, First, Middle Initial) DAKPAC <hr/> Mailing Address 122 Maryland Ave., NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Annual Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994166 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7	Amount of Each Disbursement this Period 5000.00 <hr/> Annual Contribution
C.	Full Name (Last, First, Middle Initial) Doyle For Congress Committee <hr/> Mailing Address 2227 Hampton St <hr/> City Pittsburgh State PA Zip Code 15218 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Michael F. Doyle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994183 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7	Amount of Each Disbursement this Period 1000.00 <hr/> Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

People For English

Mailing Address 530 W 6th St

City Erie State PA Zip Code 16507

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Phil English

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 21

Transaction ID: 26994218

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Gilchrest For Congress

Mailing Address PO Box 644 Townsend Building

City Chestertown State MD Zip Code 21620

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Wayne T. Gilchrest

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MD District: 01

Transaction ID: 26994186

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Grassley Committee

Mailing Address P.O. Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Charles E. Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 01

Transaction ID: 26994237

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Citizens for Harkin

Mailing Address 426 C Street, NE
Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Tom Harkin

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 02

Transaction ID: 26994234

Date of Disbursement

1 2 / 1 4 / 2 0 0 7

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Kind For Congress Committee

Mailing Address 3061 Edgewater Ln

City La Crosse State WI Zip Code 54603

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Mr. Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WI District: 03

Transaction ID: 26994178

Date of Disbursement

1 2 / 1 4 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Ron Lewis for Congress

Mailing Address P.O. Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement
Candidate Contribution

011
Category/
Type

Candidate Name
Ron Lewis

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: KY District: 02

Transaction ID: 26994228

Date of Disbursement

1 2 / 1 4 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln Mailing Address P.O. Box 3197 City Little Rock State AR Zip Code 72203 Purpose of Disbursement Candidate Contribution Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994187 Date of Disbursement 12 / 14 / 2007 Amount of Each Disbursement this Period 1000.00 Candidate Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Dennis Moore for Congress Mailing Address PO Box 75214 City Washington State DC Zip Code 20013-5214 Purpose of Disbursement Candidate Contribution Candidate Name Dennis Moore Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994236 Date of Disbursement 12 / 14 / 2007 Amount of Each Disbursement this Period 2500.00 Candidate Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Pastor For Arizona Mailing Address PO Box 6554 City Phoenix State AZ Zip Code 85005 Purpose of Disbursement Candidate Contribution Candidate Name Ed Pastor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994203 Date of Disbursement 12 / 14 / 2007 Amount of Each Disbursement this Period 1000.00 Candidate Contribution	011 Category/ Type

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Rely On Your Beliefs PAC Mailing Address 1736 East Sunshine, #913 City Springfield State MO Zip Code 65804 Purpose of Disbursement Annual Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994206 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00 Annual Contribution
B. Full Name (Last, First, Middle Initial) Re-Elect Albert Wynn to Congress Mailing Address 526 Harry S Truman Drive City Largo State MD Zip Code 20774 Purpose of Disbursement Candidate Contribution Candidate Name Albert R. Wynn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994184 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
C. Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc Mailing Address PO Box 1536 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement Candidate Contribution Candidate Name Sen. Tim Johnson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994200 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TOMPAC	Transaction ID: 26994232 Date of Disbursement 12 / 14 / 2007
	Mailing Address P.O. Box 16488	Amount of Each Disbursement this Period 2500.00
	City Arlington State VA Zip Code 22215	
	Purpose of Disbursement Annual Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Annual Contribution

B.	Full Name (Last, First, Middle Initial) NoDak PAC	Transaction ID: 26994235 Date of Disbursement 12 / 14 / 2007
	Mailing Address PO Box 75214	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Annual Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Annual Contribution

C.	Full Name (Last, First, Middle Initial) Ameripac	Transaction ID: 26994239 Date of Disbursement 12 / 14 / 2007
	Mailing Address 499 South Capitol Street SW #414	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Annual Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Annual Contribution

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Ellison For Congress</p> <p>Mailing Address PO Box 11818</p> <p>City Minneapolis State MN Zip Code 55411</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Keith Ellison</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26994230 Date of Disbursement 1 2 / 1 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26994229 Date of Disbursement 1 2 / 1 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Christopher S. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26994190 Date of Disbursement 1 2 / 1 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) John Hall For Congress Mailing Address PO Box 469 City Beacon State NY Zip Code 12508 Purpose of Disbursement Candidate Contribution Candidate Name Rep. John Hall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994173 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7	
		Amount of Each Disbursement this Period 1000.00	Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Dirigo PAC Mailing Address 1110 Vermont Ave, NW Suite 1200 City Washington State DC Zip Code 20005 Purpose of Disbursement Annual Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994176 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7	
		Amount of Each Disbursement this Period 2500.00	Annual Contribution
C.	Full Name (Last, First, Middle Initial) PatPAC Mailing Address 228 S Washington St, B-20 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Annual Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26994180 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7	
		Amount of Each Disbursement this Period 2000.00	Annual Contribution

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Kline For Congress</p> <p>Mailing Address 101 W Burnsville Pkwy Suite 104 Suite 104</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John Kline</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26994226</p> <p>Date of Disbursement 12 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter</p> <p>Mailing Address 426 C Street, NE Carriage House</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26994902</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Lone Star Leadership PAC</p> <p>Mailing Address 217 3rd Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Annual Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26994496</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Annual Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

56000.00