

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		459845.65
(b) Cash on Hand at Beginning of Reporting Period.....	519902.64	
(c) Total Receipts (from Line 19)	37346.55	599554.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	557249.19	1059400.22
7. Total Disbursements (from Line 31).....	159900.28	662051.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	397348.91	397348.91
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17470.00	338682.50
(ii) Unitemized	19876.50	258871.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37346.50	597554.12
(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)	37346.50	597554.12
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.05	0.45
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 Transfers (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))..... ▶	37346.55	599554.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37346.55	599554.57

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	900.28	11460.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	900.28	11460.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	159000.00	644400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1200.00
(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	1200.00
29. Other Disbursements	0.00	4991.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	159900.28	662051.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	159900.28	662051.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	37346.50	597554.12
34. Total Contribution Refunds (from Line 28(d))	0.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37346.50	596354.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	900.28	11460.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	900.28	11460.06

**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 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Norma F Sorelle		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 Transaction ID : 35397881
Mailing Address 3524 Moreno Ct		Amount of Each Receipt this Period 250.00
City Las Vegas	State NV	Zip Code 89129-6312
FEC ID number of contributing federal political committee. C		
Name of Employer APRO	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Lawrence R R Stump		Date of Receipt MM / DD / YYYY 09 / 04 / 2012 Transaction ID : 35397883
Mailing Address 220 Lyndenglen Dr Apt 208		Amount of Each Receipt this Period 30.00
City Ann Arbor	State MI	Zip Code 48103-6982
FEC ID number of contributing federal political committee. C		
Name of Employer Ann Arbor MI Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) c. Ibra L Ripley III		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 Transaction ID : 35397886
Mailing Address 283 Hio Ridge Rd		Amount of Each Receipt this Period 100.00
City Denmark	State ME	Zip Code 04022-5401
FEC ID number of contributing federal political committee. C		
Name of Employer Bridgton Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1265.00	

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 7 OF 64
	<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)

Full Name (Last, First, Middle Initial) A. Jeffrey L L Reichel		Date of Receipt 09 / 05 / 2012 Transaction ID : 35397890
Mailing Address 8177 Kimbro Ave N		Amount of Each Receipt this Period 10.00
City Stillwater	State MN	Zip Code 55082-8329
FEC ID number of contributing federal political committee. C	Name of Employer Reichel Anesthesia Services	Occupation CRNA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Jeffrey L L Reichel		Date of Receipt 09 / 05 / 2012 Transaction ID : 35397891
Mailing Address 8177 Kimbro Ave N		Amount of Each Receipt this Period 20.00
City Stillwater	State MN	Zip Code 55082-8329
FEC ID number of contributing federal political committee. C	Name of Employer Reichel Anesthesia Services	Occupation CRNA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	

Full Name (Last, First, Middle Initial) C. Kerry C Snyder		Date of Receipt 09 / 05 / 2012 Transaction ID : 35397895
Mailing Address 1026 Fairmeadow Rd		Amount of Each Receipt this Period 85.00
City Memphis	State TN	Zip Code 38117-5414
FEC ID number of contributing federal political committee. C	Name of Employer UT Medical Group, Inc.	Occupation CRNA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 8 OF 64
	<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)

Full Name (Last, First, Middle Initial) A. Wendell D Spencer		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 Transaction ID : 35397896
Mailing Address 49130 W Benton St		Amount of Each Receipt this Period 85.00
City Oneill	State NE	Zip Code 68763-4604
FEC ID number of contributing federal political committee. C		
Name of Employer NCAS, LLC	Occupation CRNA owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) B. Margaret M M Bertman-Reed		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 Transaction ID : 35397897
Mailing Address 82 Hillview Dr		Amount of Each Receipt this Period 20.00
City Danville	State CA	Zip Code 94506-1312
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser	Occupation Nurse Anesthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	

Full Name (Last, First, Middle Initial) C. Samuel Ervin Dixon		Date of Receipt MM / DD / YYYY 09 / 12 / 2012 Transaction ID : 35397898
Mailing Address 92-6082 Nemo St		Amount of Each Receipt this Period 400.00
City Kapolei	State HI	Zip Code 96707-2815
FEC ID number of contributing federal political committee. C		
Name of Employer Tripler Army Medical Center	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).....▶	505.00
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 9 OF 64
<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. Julia C Lassegard
 Full Name (Last, First, Middle Initial)
 Mailing Address 27071 Hidden Trail Rd
 City Laguna Hills State CA Zip Code 92653-5846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation Nurse Anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **255.00**

Date of Receipt **09 / 05 / 2012**
Transaction ID : 35397899
 Amount of Each Receipt this Period **85.00**

B. Steven R R Leach
 Full Name (Last, First, Middle Initial)
 Mailing Address 1049 Redfish St
 City Bayou Vista State TX Zip Code 77563-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Medical Br Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **765.00**

Date of Receipt **09 / 05 / 2012**
Transaction ID : 35397901
 Amount of Each Receipt this Period **85.00**

C. Randy L McGee
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 Payne Rd
 City Ellensburg State WA Zip Code 98926-7898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation NURSE ANESTHETIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1015.00**

Date of Receipt **09 / 05 / 2012**
Transaction ID : 35397902
 Amount of Each Receipt this Period **85.00**

SUBTOTAL of Receipts This Page (optional).....	255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brenda G G Soileau
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 Thistlecreek Court
 City Fresno State TX Zip Code 77545-9562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Houston Anesthesiology Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 05 / 2012
Transaction ID : 35397904
 Amount of Each Receipt this Period 300.00

B. Catherine A A Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1861 E Audubon Blvd
 City Lancaster State OH Zip Code 43130-9819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pickaway Health Services Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 05 / 2012
Transaction ID : 35397905
 Amount of Each Receipt this Period 85.00

C. Louise M Scudieri
 Full Name (Last, First, Middle Initial)
 Mailing Address 1613 Thousand Oaks Dr
 City Decatur State TX Zip Code 76234-3753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Smooth Inductions, P.C. Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 05 / 2012
Transaction ID : 35397906
 Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 445.00
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 11 OF 64
<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)

Full Name (Last, First, Middle Initial) A. Debra A A Barber		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 Transaction ID : 35397907
Mailing Address 834 Inspiration Way		Amount of Each Receipt this Period 50.00
City Louisville	State KY	Zip Code 40245-3989
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Triple Crown Anesthesia	Occupation Nurse anesthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Nora J Coast		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 Transaction ID : 35397908
Mailing Address 119 W Ulex Ave		Amount of Each Receipt this Period 100.00
City Mc Allen	State TX	Zip Code 78504-2411
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer RGV Anesthesia Services Inc	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Amy M M Nielsen		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 Transaction ID : 35397909
Mailing Address PO Box 548		Amount of Each Receipt this Period 20.00
City Morton	State WA	Zip Code 98356-0548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 235.00
Name of Employer Morton General Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 12 OF 64
	<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. John A A Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4225 Canterbury Ct
 City Jackson State MS Zip Code 39211-6205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Declined Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 11 / 2012
Transaction ID : 35397910
 Amount of Each Receipt this Period 30.00

B. Sherry E E Swearngin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1698 E Seaport Ct
 City Boise State ID Zip Code 83706-6333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Medical Center Occupation Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 05 / 2012
Transaction ID : 35397911
 Amount of Each Receipt this Period 85.00

C. Mark Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 1376 Acworth Rd
 City Charlestown State NH Zip Code 03603-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springfield Hospital Occupation Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 922.00

Date of Receipt 09 / 17 / 2012
Transaction ID : 35397912
 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 199.00
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 13 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William G Schorgl
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 Sedona Creek Cir
 City Las Vegas State NV Zip Code 89128-8215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United Health Care Occupation Crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 05 / 2012
Transaction ID : 35397913
 Amount of Each Receipt this Period 85.00

B. Dennis C Bless
 Full Name (Last, First, Middle Initial)
 Mailing Address 6484 Promontory Dr
 City Eden Prairie State MN Zip Code 55346-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fair View Southdale Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 12 / 2012
Transaction ID : 35397914
 Amount of Each Receipt this Period 1000.00

C. Steven J J Mund
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 13th Ave N Apt 214
 City Fargo State ND Zip Code 58102-2681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hennepin County Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1825.00

Date of Receipt 09 / 03 / 2012
Transaction ID : 35397920
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2085.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael J Sorosiak
 Full Name (Last, First, Middle Initial)
 Mailing Address 6030 Cross Trails Rd
 City State Zip Code
 Sylvania OH 43560-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Morningstar Anesthesia CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 765.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35397928
 Amount of Each Receipt this Period
 85.00

B. Dina F Filomena Velocci
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Old Hickory Blvd Apt 3014
 City State Zip Code
 Nashville TN 37221-1413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VUMC CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35397931
 Amount of Each Receipt this Period
 50.00

C. Bruce A A Herr Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 Cathedral Ave NW Apt 717
 City State Zip Code
 Washington DC 20016-4934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MedStar Health - Wash Hosp Ctr CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 765.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35397934
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sara Hulett Yarrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 River Lights Ln
 City Memphis State TN Zip Code 38103-8928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 09 / 04 / 2012
Transaction ID : 35397936
 Amount of Each Receipt this Period
 30.00

B. Janet L Ostendarp
 Full Name (Last, First, Middle Initial)
 Mailing Address 18812 Maple Leaf Dr
 City Hudson State FL Zip Code 34667-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesiology Associates, Oak Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1365.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35397938
 Amount of Each Receipt this Period
 85.00

C. Jamie DiTrollo
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 Old Forest Rd
 City Wynnewood State PA Zip Code 19096-4056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn Presbyterian Medical Cent Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35397943
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Christopher W Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1713 NW 195th Cir
 City Edmond State OK Zip Code 73012-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Health Science Occupation Associate Faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1015.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35397944
 Amount of Each Receipt this Period
 85.00

B. Mark M Bjornstad
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 N Miller Dr
 City Moorhead State MN Zip Code 56560-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1035.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35397948
 Amount of Each Receipt this Period
 85.00

C. Tony F Bartello
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1059
 City Dodge City State KS Zip Code 67801-1059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unknown Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 05 / 2012
Transaction ID : 35397958
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 17 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Margo Barvin
 Full Name (Last, First, Middle Initial)
 Mailing Address 9607 Greenwillow St
 City Houston State TX Zip Code 77096-4409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer greater nurse anesthesist Occupation nurse anesthist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 09 / 12 / 2012
Transaction ID : 35397965
 Amount of Each Receipt this Period 100.00

B. Leslie Soehner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 153001
 City Irving State TX Zip Code 75015-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2012
Transaction ID : 35397968
 Amount of Each Receipt this Period 250.00

c. Leslie Soehner
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 153001
 City Irving State TX Zip Code 75015-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 13 / 2012
Transaction ID : 35397969
 Amount of Each Receipt this Period -250.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Scott W Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 14820 72nd Ave W
 City Edmonds State WA Zip Code 98026-4008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southview Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : 35397970
 Amount of Each Receipt this Period
 500.00

B. Melvin R Stradling
 Full Name (Last, First, Middle Initial)
 Mailing Address 2037 E Marlene Dr
 City Gilbert State AZ Zip Code 85296-1520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Markopa Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : 35397973
 Amount of Each Receipt this Period
 25.00

C. Larell L L Fineren
 Full Name (Last, First, Middle Initial)
 Mailing Address 440 Cola Ballena Apt B
 City Alameda State CA Zip Code 94501-3675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Permanente Medical Group Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : 35397975
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 19 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julianne Novisk
 Full Name (Last, First, Middle Initial)
 Mailing Address 5204 Ives Court
 City Tampa State FL Zip Code 33647-1005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Community Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2012
Transaction ID : 35397979
 Amount of Each Receipt this Period 250.00

B. Les Sturgis
 Full Name (Last, First, Middle Initial)
 Mailing Address 5495 SE Davis Ct
 City Hillsboro State OR Zip Code 97123-8870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2012
Transaction ID : 35397983
 Amount of Each Receipt this Period 250.00

C. CAPT David Norman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Hidden Creek Rd
 City Mc Gregor State TX Zip Code 76657-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott and White- Hillcrest Medical Cen Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 20 / 2012
Transaction ID : 35397988
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 20 OF 64
	<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	<input type="checkbox"/> 17

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

A. Janice M Lomax
Full Name (Last, First, Middle Initial)

Mailing Address 127 Orville Dr

City High Point State NC Zip Code 27260-2633

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

Name of Employer Carolina Anesthesiology, P.A. Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : 35397990

Amount of Each Receipt this Period
 250.00

B. John D Myers
Full Name (Last, First, Middle Initial)

Mailing Address 101 Bent Tree Dr

City Palestine State TX Zip Code 75801-6077

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

Name of Employer Palestine Regional Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012

Transaction ID : 35397998

Amount of Each Receipt this Period
 250.00

C. Dwight C Williams
Full Name (Last, First, Middle Initial)

Mailing Address 11704 Buckingham Rd

City Austin State TX Zip Code 78759-3602

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

Name of Employer Self Employed Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012

Transaction ID : 35398002

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<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. G Dwayne Self
Full Name (Last, First, Middle Initial)
Mailing Address 145 Sanctuary Ln
City Canton State MS Zip Code 39046-6601
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Mississippi Medical Scho Occupation faculty
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **735.00**

Date of Receipt **09 / 11 / 2012**
Transaction ID : 35398013
Amount of Each Receipt this Period **200.00**

B. Stephen D Smith
Full Name (Last, First, Middle Initial)
Mailing Address 615 Stirling Glen Ct
City Alpharetta State GA Zip Code 30004-8840
FEC ID number of contributing federal political committee. **C**
Name of Employer Atlanta Plastic and Reconstructive Sur Occupation CRNA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1250.00**

Date of Receipt **09 / 05 / 2012**
Transaction ID : 35398014
Amount of Each Receipt this Period **1000.00**

C. Mary Ann Zorychta
Full Name (Last, First, Middle Initial)
Mailing Address 201 Briarwood Bnd
City Jefferson State IA Zip Code 50129-4718
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Park Hospital Occupation CRNA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 15 / 2012**
Transaction ID : 35398023
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1450.00**
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 22 OF 64
	<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)

Full Name (Last, First, Middle Initial) A. Marty D Resnik		Date of Receipt
Mailing Address 2288 Coventry Rd		<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cleveland	OH	44118-3547
FEC ID number of contributing federal political committee.		Transaction ID : 35398027
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Cleveland Clinic Health	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christine M Pacocha		Date of Receipt
Mailing Address 1115 Wintergreen Ter		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Batavia	IL	60510-3261
FEC ID number of contributing federal political committee.		Transaction ID : 35398028
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
Valley Ambulatory Surgery Center	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert W Ehle		Date of Receipt
Mailing Address 5875 Lindbergh St		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Orefield	PA	18069-2252
FEC ID number of contributing federal political committee.		Transaction ID : 35398037
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Lehigh Anesthesia Assoc	Owner	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
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: (check only one)	PAGE 23 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Donald T Albee		Date of Receipt 09 / 29 / 2012 Transaction ID : 35398041
Mailing Address 14 Cherrywood Ln		Amount of Each Receipt this Period 250.00
City Readfield	State ME	Zip Code 04355-3032
FEC ID number of contributing federal political committee. C		
Name of Employer Central Maine Medical Center	Occupation Nurse Anesthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jean Jacobson Jasienski		Date of Receipt 09 / 30 / 2012 Transaction ID : 35398043
Mailing Address 317 2nd St SW		Amount of Each Receipt this Period 250.00
City Pine Island	State MN	Zip Code 55963-9199
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Samuel Ervin Dixon		Date of Receipt 09 / 12 / 2012 Transaction ID : 35398044
Mailing Address 92-6082 Nemo St		Amount of Each Receipt this Period 600.00
City Kapolei	State HI	Zip Code 96707-2815
FEC ID number of contributing federal political committee. C		
Name of Employer Tripler Army Medical Center	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 24 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Kimberly A Riviello
 Full Name (Last, First, Middle Initial)
 Mailing Address 5165 US Route 40
 City Tipp City State OH Zip Code 45371-9032
 Name of Employer Central Ohio Surgical Institute Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2012
Transaction ID : 35398045
 Amount of Each Receipt this Period 250.00

B. Kathryn Schwindl Watson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4859 Hicksville Edgerton Rd
 City Hicksville State OH Zip Code 43526-9374
 Name of Employer Community Memorial Hospital Occupation nurse anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2012
Transaction ID : 35398049
 Amount of Each Receipt this Period 50.00

C. Janelle R R Callaway
 Full Name (Last, First, Middle Initial)
 Mailing Address 2261 Kindling Hollow Rd
 City Virginia Beach State VA Zip Code 23456-3849
 Name of Employer Atlantic Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 21 / 2012
Transaction ID : 35398051
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 25 OF 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Lynn L Lebeck
 Full Name (Last, First, Middle Initial)
 Mailing Address 6294 Patricia Dr
 City Grand Blanc State MI Zip Code 48439-9653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan-FLint Occupation crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2012
Transaction ID : 35398062
 Amount of Each Receipt this Period
 250.00

B. James B B Hicks
 Full Name (Last, First, Middle Initial)
 Mailing Address 2128 Edinborough Rd
 City Rocky Mount State NC Zip Code 27803-1515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nash Hospital, Inc. Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2012
Transaction ID : 35398070
 Amount of Each Receipt this Period
 250.00

c. Charlyne B B Warren
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Brandywine Dr
 City Coatesville State PA Zip Code 19320-1027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Christopher's Hospital for Childre Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 35398071
 Amount of Each Receipt this Period
 255.00

SUBTOTAL of Receipts This Page (optional).....▶	755.00
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 26 OF 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial) A. Judith A Davenport			Date of Receipt MM / DD / YYYY 09 / 17 / 2012
Mailing Address 1080 Madeline St			Transaction ID : 35398086
City New Braunfels	State TX	Zip Code 78132-4723	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Agarita Anesthesia	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Tonia M M Nicholson			Date of Receipt MM / DD / YYYY 09 / 18 / 2012
Mailing Address 9802 W Big Springs Blvd			Transaction ID : 35398089
City Boise	State ID	Zip Code 83714-9574	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Vision Care Center Of Idaho	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Lara A A Barrow			Date of Receipt MM / DD / YYYY 09 / 17 / 2012
Mailing Address 7510 Evergreen Way			Transaction ID : 35398090
City Georgetown	State IN	Zip Code 47122-9086	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ACE Anesthesiology	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
	<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. James C C Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1081 River Ter
 City New Braunfels State TX Zip Code 78130-3417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 15 / 2012
Transaction ID : 35398096
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date 250.00

B. Mary Ann Barrett
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Sport Hill Rd
 City Easton State CT Zip Code 06612-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bridgeport Anesthesia Ass. Occupation CRNA
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 25 / 2012
Transaction ID : 35398098
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date 250.00

C. Karen L Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Brookstone Ct
 City Streamwood State IL Zip Code 60107-2309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Unknown Occupation CRNA
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 02 / 2012
Transaction ID : 35398112
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date 300.00

SUBTOTAL of Receipts This Page (optional)..... 450.00
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 28 OF 64
	<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. Eric R R Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1352
 City State Zip Code
 Zillah WA 98953-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Toppenish Community Hospital CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 09 / 15 / 2012
Transaction ID : 35398117
 Amount of Each Receipt this Period
 365.00

B. Maribeth Leigh Massie
 Full Name (Last, First, Middle Initial)
 Mailing Address 684 Shore Rd
 City State Zip Code
 Cape Neddick ME 03902-7342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of New England Program Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 11 / 2012
Transaction ID : 35398118
 Amount of Each Receipt this Period
 200.00

C. Linda J Goetz
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 Concord St Unit A
 City State Zip Code
 Havre De Grace MD 21078-3564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Maryland CRNA/Professor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : 35398119
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	815.00
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 29 OF 64
	<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. Rebecca M M Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4204 Fawn Run
 City State Zip Code
 Medina OH 44256-6918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Community Hospital CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2012
Transaction ID : 35398129
 Amount of Each Receipt this Period
 50.00

B. Robert W W Matthews
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 Castleburg Dr
 City State Zip Code
 Apex NC 27523-5182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of North Carolina CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2012
Transaction ID : 35398137
 Amount of Each Receipt this Period
 50.00

C. Nadine L Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 Campbell St
 City State Zip Code
 Kansas City MO 64109-2354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Truman Medical Center Lakewood CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012
Transaction ID : 35398158
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 64
	<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. Rose M Myrlande Synsmir
 Full Name (Last, First, Middle Initial)
 Mailing Address 11840 Devon Downs Trl
 City Alpharetta State GA Zip Code 30005-7287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35398168
 Amount of Each Receipt this Period
 365.00

B. Kathleen C C Thibeault
 Full Name (Last, First, Middle Initial)
 Mailing Address 2616 Lone Pine Rd
 City West Palm Beach State FL Zip Code 33410-2450
 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 ▼ 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2012
Transaction ID : 35398175
 Amount of Each Receipt this Period
 250.00

C. Beth M Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 20th St SW
 City Benson State MN Zip Code 56215-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Palmer Lutheran Health Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012
Transaction ID : 35398178
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	915.00
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 31 OF 64
	<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. Bruce A A Herr Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4200 Cathedral Ave NW Apt 717
 City Washington State DC Zip Code 20016-4934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MedStar Health - Wash Hosp Ctr Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 851.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : 35398182
 Amount of Each Receipt this Period
 86.00

B. Matthew L L Monroe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 724
 City Burley State ID Zip Code 83318-0724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monroe Anesthesia Services Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2012
Transaction ID : 35398191
 Amount of Each Receipt this Period
 55.00

C. Timothy J McGuire
 Full Name (Last, First, Middle Initial)
 Mailing Address 1438 Ridge Cliff Ln NE
 City Rochester State MN Zip Code 55906-8705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Graduate School Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2012
Transaction ID : 35398196
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	441.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 32 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Pamela J Ozaluk
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 7645
 City Breckenridge State CO Zip Code 80424-7645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Atlantic Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2012
Transaction ID : 35398202
 Amount of Each Receipt this Period
 100.00

B. Katina J Kipp-O'Hara
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 E 50th St
 City Minneapolis State MN Zip Code 55417-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abbott Northwestern Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2012
Transaction ID : 35398205
 Amount of Each Receipt this Period
 255.00

C. Tiffany D Bui
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 NE Village Ct
 City McMinnville State OR Zip Code 97128-9388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WVMC Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012
Transaction ID : 35398218
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 605.00
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 33 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Laura M M Edison
 Full Name (Last, First, Middle Initial)
 Mailing Address 3228 Chanson Valley Rd
 City Lambertville State MI Zip Code 48144-9760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer anesthesiologists of toledo Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 30 / 2012
Transaction ID : 35398221
 Amount of Each Receipt this Period 250.00

B. Rachel T T Polazzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 NE 35th St
 City Lighthouse Point State FL Zip Code 33064-8152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 14 / 2012
Transaction ID : 35398230
 Amount of Each Receipt this Period 250.00

C. Nina F Nosacka
 Full Name (Last, First, Middle Initial)
 Mailing Address 7809 Zimpel St
 City New Orleans State LA Zip Code 70118-3923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Anesthesiology Group Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 18 / 2012
Transaction ID : 35398239
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 34 OF 64
	<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. Angela D Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 E 4th St
 City Neligh State NE Zip Code 68756-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Antelope Memorial Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2012
Transaction ID : 35398241
 Amount of Each Receipt this Period 500.00

B. Patricia L L Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Dolliff Rd
 City Alton State ME Zip Code 04468-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Maine Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2012
Transaction ID : 35398245
 Amount of Each Receipt this Period 250.00

C. Sarah A A Sheets
 Full Name (Last, First, Middle Initial)
 Mailing Address 5252 Cornerstone Dr
 City Fort Collins State CO Zip Code 80528-3077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolinas Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2012
Transaction ID : 35398260
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jared B Petersmith
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 Harbour Place Dr Apt 1418
 City Tampa State FL Zip Code 33602-6755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2012
Transaction ID : 35398262
 Amount of Each Receipt this Period 250.00

B. Laird Ian Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 372 Chinle Ave
 City Moab State UT Zip Code 84532-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inland Empire Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 18 / 2012
Transaction ID : 35398263
 Amount of Each Receipt this Period 100.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	17470.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Fee to accept online donations for CRNA-PAC from AANA members

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36449825

Amount of Each Disbursement this Period

Fee to accept online donations for CRNA-PAC from AANA members

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rhode Island PAC

Mailing Address 10 G Street, NE
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement
Void - Rhode Island PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254692

Amount of Each Disbursement this Period

-2500.00

Void - Rhode Island PAC

Full Name (Last, First, Middle Initial)

B. Rhode Island PAC

Mailing Address 10 G Street, NE
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement
Annual Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254694

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

C. Scott Rigell For Congress

Mailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Scott E. Rigell

Office Sought: House Senate President
State: VA District: 02

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254695

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends Of Sam Johnson

Mailing Address P.O. Box 860096

City State Zip Code
Plano TX 75086

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Sam Robert Johnson

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254696

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Chris Murphy

Mailing Address PO Box 127

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Chris Scott Murphy

Category/
Type

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254697

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Jeff Miller For Congress

Mailing Address P. O. Box 126

City State Zip Code
Pensacola FL 32591

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jeff B. Miller

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254698

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Annual Contribution

011

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254699

Amount of Each Disbursement this Period

2500.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Rep. Michael C. Burgess M.D.

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254700

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Denali PAC

Mailing Address 1050 THOMAS JEFFERSON STREET NW
7TH FLOOR

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement Annual Contribution

011

Candidate Name

Denali PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254701

Amount of Each Disbursement this Period

2000.00

Annual Contribution

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

6000.00

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)

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address PO Box 116

City Hyattsville State MD Zip Code 20781-0116

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 30

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254702

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Goal PAC

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254703

Amount of Each Disbursement this Period

3000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jason Chaffetz

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jason E. Chaffetz

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254704

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

8000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Price For Congress Committee

Mailing Address 2200 N Lakeshore Dr

City Chapel Hill State NC Zip Code 27514

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

David E. Price

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254705

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Michael F. Doyle

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 14

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254706

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Denny Heck For Congress

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Dennis Heck

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254707

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)

Full Name (Last, First, Middle Initial)

A. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jaime Herrera-Beutler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254709

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Cooper For Congress

Mailing Address C/O Dglf Cpas & Business Advisors
P.O. Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jim Cooper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 05

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254717

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Allyson Schwartz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254719

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrews For Congress Committee

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Robert E. Andrews

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254720

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 14812 Lake Terrace

City Rockville State MD Zip Code 20853

Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254723

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Annual Contribution

Full Name (Last, First, Middle Initial)

C. John Lewis for Congress

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30303

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

John Lewis

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254726

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

Full Name (Last, First, Middle Initial)

A. Clarke For Congress

Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Yvette D. Clarke

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254727

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Gillibrand For Senate

Mailing Address 236 Massachusetts Ave Ne
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Kirsten E. Gillibrand

Category/
Type

Office Sought: House
 Senate
 President
State: NY District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254731

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address 285 Ridgeway St
Po Box 900

City Saint Joseph State MI Zip Code 49085

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Fred Upton

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254733

Amount of Each Disbursement this Period

5000.00

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)

Full Name (Last, First, Middle Initial)

A. Carper For Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Sen. Thomas R. Carper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254735

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. John D Dingell For Congress Comm.

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
John D. Dingell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254737

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Pompeo For Congress, Inc

Mailing Address P.O. Box 780146

City Wichita State KS Zip Code 67278

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254738

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

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

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

6	5	0	0	.	0	0
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2	5	0	0	.	0	0
---	---	---	---	---	---	---

**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)

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254739

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Steve Israel for Congress

Mailing Address P.O. Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Steve Steve Israel

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254742

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Rosa DeLauro

Mailing Address 12 Trumbull St

City New Haven State CT Zip Code 06511

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Rosa L. DeLauro

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254743

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
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**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)

Full Name (Last, First, Middle Initial)

A. Ben Cardin for Congress

Mailing Address 38 Ivy Street, SE
10th Floor

City Washington State DC Zip Code 21201

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Benjamin L. Cardin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 03

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254745

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Joe R. Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254747

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Braley For Congress

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Bruce L. Braley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254748

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254750

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jan D. Schakowsky

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 09

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254752

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1574

City Gig Harbor State WA Zip Code 98335

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Derek Kilmer

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254760

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. TOMPAC

Mailing Address PO Box 752

City Des Moines State IA Zip Code 50303

Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254765

Amount of Each Disbursement this Period

2500.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address 499 South Capitol St, SW Suite 412

City Washington State DC Zip Code 20003

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

James E. Clyburn

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: SC District: 06

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254768

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Sen. John A. Barrasso MD

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: WY District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254770

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. TennPAC

Mailing Address 101 Constitution Ave, NW #800W

City Washington State DC Zip Code 20001

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254772

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Bob Corker For Senate 2018 Inc

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Category/
Type

Sen. Robert Corker

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254773

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Doggett For US Congress Committee

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Category/
Type

Lloyd Doggett

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : 35254776

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Candidate Contribution

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

**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)

Full Name (Last, First, Middle Initial)

A. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Kathy Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254779

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Ann Marie Buerkle For Congress

Mailing Address PO Box 219

City Syracuse State NY Zip Code 13214

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Ann Marie Buerkle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254781

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Iowans For Latham

Mailing Address PO Box 8237

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Tom P. Latham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254785

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Hoyer for Congress

Mailing Address 7995 Malcolm Road

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254789

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. David Lee Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254801

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Patrick L. Meehan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254804

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Fitzpatrick For Congress

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Michael G. Fitzpatrick

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254807

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Nan Hayworth

Mailing Address P.O. Box 394

City Fishkill State NY Zip Code 12524

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Nan Hayworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254810

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Ribble For Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Reid J. Ribble

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254812

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

6000.00

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)

Full Name (Last, First, Middle Initial)

A. Kline For Congress

Mailing Address 350 W Burnsville Pkwy
Ste 625

City Burnsville State MN Zip Code 55337

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John P. Kline

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254816

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. David George Reichert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254834

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Plummer For Congress

Mailing Address PO Box 1272

City O'Fallon State IL Zip Code 62269

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Jason Plummer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254836

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

6500.00

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)

Full Name (Last, First, Middle Initial)

A. Roskam PAC

Mailing Address P. O. BOX 1011

City WHEATON State IL Zip Code 60187

Purpose of Disbursement Annual Contribution

011

Candidate Name

Roskam PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254837

Amount of Each Disbursement this Period

2000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC

Mailing Address 213 Ashby St.

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Annual Contribution

011

Candidate Name

Majority Committee PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254847

Amount of Each Disbursement this Period

4000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

C. TFP-FOJB COMMITTEE

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement JFC Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2012

Transaction ID : 35254899

Amount of Each Disbursement this Period

2500.00

JFC 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)

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Michael J. Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : 35294741

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Langevin for Congress

Mailing Address 181-A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

James Langevin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : 35294742

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Adrian Smith For Congress

Mailing Address 3321 Avenue I
Suite 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Adrian Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : 35294743

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)

Full Name (Last, First, Middle Initial)

A. Cotton For Congress

Mailing Address PO Box 379

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Thomas Cotton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : 35294744

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Jon Tester

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : 35294745

Amount of Each Disbursement this Period

500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Comm.

Mailing Address 36 Atwater Ter

City Springfield State MA Zip Code 01107

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : 35294847

Amount of Each Disbursement this Period

2500.00

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)

Full Name (Last, First, Middle Initial)

A. Mark Pocan For Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Mark Pocan

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9		2	0	1	2		

Transaction ID : 35294849

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Making Business Excel PAC

Mailing Address PO Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement
Annual Contribution

011

Candidate Name
Making Business Excel PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9		2	0	1	2		

Transaction ID : 35294850

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

Annual Contribution

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement
Candidate Contribution Funds Reported On August Monthly Report

011

Candidate Name
Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4		2	0	1	2		

Transaction ID : 35318353

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

[MEMO ITEM]
Candidate Contribution Funds Reported On August Monthly Report

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

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

3	5	0	.	0	0
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3	5	0	.	0	0
---	---	---	---	---	---

**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)

Full Name (Last, First, Middle Initial)

A. Tom Reed For Congress

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement
Candidate Contribution Re-designated funds for trans. dated 07/24/2012

011

Candidate Name

Rep. Tom Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318354

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Candidate Contribution Re-designated funds for trans. dated 07/24/2012

Full Name (Last, First, Middle Initial)

B. Nita Lowey For Congress

Mailing Address 105 Beverly Road

City Rye State NY Zip Code 10580

Purpose of Disbursement
Candidate Contribution Funds Reported On August Monthly Report

011

Candidate Name

Nita M. Lowey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2012

Transaction ID : 35318369

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Candidate Contribution Funds Reported On August Monthly Report

Full Name (Last, First, Middle Initial)

C. Nita Lowey For Congress

Mailing Address 105 Beverly Road

City Rye State NY Zip Code 10580

Purpose of Disbursement
Candidate Contribution Re-designated funds for trans. dated 07/24/2012

011

Candidate Name

Nita M. Lowey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318370

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Candidate Contribution Re-designated funds for trans. dated 07/24/2012

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

0.00

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)

Full Name (Last, First, Middle Initial)

A. Louise Slaughter Re-Election Committee

Mailing Address 1150 University Ave, Bldg. 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement
Candidate Contribution Funds Reported On August Monthly Report

011

Candidate Name

Rep. Louise McIntosh Slaughter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 35318371

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Candidate Contribution Funds Reported On August Monthly Report

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address 1150 University Ave, Bldg. 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement
Candidate Contribution Re-designated funds for trans. dated 07/24/2012

011

Candidate Name

Rep. Louise McIntosh Slaughter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 35318372

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Candidate Contribution Re-designated funds for trans. dated 07/24/2012

Full Name (Last, First, Middle Initial)

C. Johnson For Congress

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 35318384

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

1500.00

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)

Full Name (Last, First, Middle Initial)

A. Carol Shea-Porter For Congress

Mailing Address PO Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Carol Shea-Porter

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : 35318386

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Wenstrup For Congress

Mailing Address 512 Missouri Ave

City Cincinnati State OH Zip Code 45226

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Brad Wenstrup

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : 35318387

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Renee Ellmers RN

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	2

Transaction ID : 35318388

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

Candidate Contribution

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

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

**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)

Full Name (Last, First, Middle Initial)

A. Coble For Congress

Mailing Address PO Box 1177

City Greensboro State NC Zip Code 27402

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Howard Coble

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318389

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Martha Roby For Congress

Mailing Address PO Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Martha Roby

Category/
Type

Office Sought: House
 Senate
 President
State: AL District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318390

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Michelle Grisham

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318391

Amount of Each Disbursement this Period

2500.00

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)

Full Name (Last, First, Middle Initial)

A. Rodney Alexander For Congress Inc.

Mailing Address 319 Nancy'S Road

City State Zip Code
Quitman LA 71268

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rodney Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35318392

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Iowans For Latham

Mailing Address PO Box 8237

City State Zip Code
Des Moines IA 50301

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Tom P. Latham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2012

Transaction ID : 35318690

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2012

Transaction ID : 35318888

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

4000.00

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)

Full Name (Last, First, Middle Initial)

A. America's Leadership PAC

Mailing Address 908 Pleasant Dr

City Ypsilanti State MI Zip Code 48197

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2012

Transaction ID : 35318890

Amount of Each Disbursement this Period

2500.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Levin for Congress Committee

Mailing Address P.O. Box 990

City Washington State DC Zip Code 20044

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Category/
Type

Sander M. Levin

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2012

Transaction ID : 35318891

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

3500.00

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

159000.00