

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		472415.52
(b) Cash on Hand at Beginning of Reporting Period.....	425478.68	
(c) Total Receipts (from Line 19)	52521.89	440360.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	478000.57	912775.57
7. Total Disbursements (from Line 31).....	69500.00	504275.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	408500.57	408500.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / 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).....	26577.69	262873.70
(ii) Unitemized	25944.20	172481.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	52521.89	435354.81
(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)	52521.89	435354.81
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	5.24
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))..... ▶	52521.89	440360.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	52521.89	440360.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	502000.00
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	1275.00
(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	1275.00
29. Other Disbursements	0.00	1000.00
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)) ..	69500.00	504275.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69500.00	504275.00

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)	52521.89	435354.81
34. Total Contribution Refunds (from Line 28(d))	0.00	1275.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52521.89	434079.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Mark J Ahle

Mailing Address 11055 11th Ave NE

City Rochester State MN Zip Code 55906-8803

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

Name of Employer mayo clinic Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 24 / 2016
Transaction ID : 9E79A874FBC34A11A689

Amount of Each Receipt this Period
400.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Michael J Alexa

Mailing Address 926 W Carmen Ave Apt 2

City Chicago State IL Zip Code 60640-3237

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

Name of Employer Northwestern Medical Group Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 18 / 2016
Transaction ID : 4FFC8050B2524502A2DB

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Marilyn E Andrade

Mailing Address 5739 Capitol Forest Dr SW

City Olympia State WA Zip Code 98512-2826

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

Name of Employer Retired Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
08 / 09 / 2016
Transaction ID : 44508081D3690D8483CD

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	691.67
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 72
	<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. Jeanne Marie Antolchick
 Full Name (Last, First, Middle Initial)
 Mailing Address 11904 Shadow Run Blvd
 City Riverview State FL Zip Code 33569-6316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Barry University Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2016
Transaction ID : A1A1913EC5C848428797
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Judy K Audas
 Full Name (Last, First, Middle Initial)
 Mailing Address 5741 Chadwick Ct
 City West Chester State OH Zip Code 45069-1047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Childrens Hospital And University of C Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 26 / 2016
Transaction ID : 4F97920899641318B113
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bradley Neil Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 County Road 277
 City Oxford State MS Zip Code 38655-8739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Memorial Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 08 / 25 / 2016
Transaction ID : B32E2CC2E1CD4881A965
 Amount of Each Receipt this Period 355.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	655.00
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 72
	<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. Ann M Bassett
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 River View Ln
 City State Zip Code
 Norwich CT 06360-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Woodland Anesthesiology Associates CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 08 / 26 / 2016
Transaction ID : 40EA87AFA9CA22637DC4
 Amount of Each Receipt this Period
 85.00
 Memo Item

B. Cathleen D Bentley
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Brookstown Rd
 City State Zip Code
 Richmond KY 40475-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MSA CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : C53DA11898D9402581A0
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Timothy V Bentley
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Brookstown Rd
 City State Zip Code
 Richmond KY 40475-6029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ANESTHESIT SERVICES CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 08 / 30 / 2016
Transaction ID : 31F9FA2600FB496D9A84
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	685.00
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 72
	<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 O Bray
 Full Name (Last, First, Middle Initial)
 Mailing Address 493 County Road 23
 City Skipperville State AL Zip Code 36374-7752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer southeast alabama medical center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **08 / 04 / 2016**
Transaction ID : 4431AE9EDBB9D1A2B767
 Amount of Each Receipt this Period **25.00**
 Memo Item

B. Rachel M Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1046 Grassland Chase Dr
 City Gallatin State TN Zip Code 37066-4474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Middle Tennessee School of Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **08 / 18 / 2016**
Transaction ID : 4CA4AD8F0DD0B053F597
 Amount of Each Receipt this Period **83.33**
 Memo Item

C. Brian D Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Townsend St
 City Malden State MA Zip Code 02148-6323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Winchester Hospital Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **655.00**

Date of Receipt **08 / 15 / 2016**
Transaction ID : B870C953-D1DC-47F2-
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	473.33
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 72
<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. Robert C Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 2213 Dogwood Trace Blvd

City Lexington State KY Zip Code 40514-2417

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

Name of Employer university of kentucky Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 493.33

Date of Receipt 08 / 01 / 2016
Transaction ID : 3538A41A05F54FC2A329

Amount of Each Receipt this Period 30.42

Memo Item

B. Rodney K Cannaday
Full Name (Last, First, Middle Initial)

Mailing Address 4011 Oak Creek Dr

City Nacogdoches State TX Zip Code 75965-6528

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 ▼ 1000.00

Date of Receipt 08 / 30 / 2016
Transaction ID : CCA75BA8CCA441F592D2

Amount of Each Receipt this Period 250.00

Memo Item

c. Mark T Cappello
Full Name (Last, First, Middle Initial)

Mailing Address 1511 W Ardmore Ave Apt 1

City Chicago State IL Zip Code 60660-4289

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 ▼ 300.00

Date of Receipt 08 / 17 / 2016
Transaction ID : 46FCB02DC431B33BDE35

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	330.42
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 72
	<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. Johanna Maria Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 751 Cedar Ln
 City Lemoore State CA Zip Code 93245-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Navy Occupation CRNA
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **243.28**

Date of Receipt **08 / 17 / 2016**
Transaction ID : 4419972E3A80F706DC4A
 Amount of Each Receipt this Period **30.41**
 Memo Item

B. Tracy E Castleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 144 Coachman Dr N
 City Freehold State NJ Zip Code 07728-3153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North American Partners in Anesthesia Occupation Staff Anesthetist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **425.00**

Date of Receipt **08 / 23 / 2016**
Transaction ID : 13A8863BA4364CA79966
 Amount of Each Receipt this Period **75.00**
 Memo Item

C. Christopher James Cataldi
 Full Name (Last, First, Middle Initial)
 Mailing Address 5591 Strickler Rd
 City Clarence State NY Zip Code 14031-1336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Hamot School of Anesthesia Occupation SRNA
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **243.28**

Date of Receipt **08 / 15 / 2016**
Transaction ID : 4CF18AF3E054CA2497AB
 Amount of Each Receipt this Period **30.41**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.82
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 72
	<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. Kathleen Pehan Cheston
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Abilene Ln
 City Lancaster State PA Zip Code 17603-9729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anesthesia Associates of York Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 21 / 2016**
Transaction ID : B67072FC8B6B4317A3EA
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Renee J Christ
 Full Name (Last, First, Middle Initial)
 Mailing Address 6501 Deerewood Ln
 City Bismarck State ND Zip Code 58503-9152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHI St. Alexius Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 01 / 2016**
Transaction ID : 17D09F6BD95C450BA7C7
 Amount of Each Receipt this Period **50.00**
 Memo Item

C. Renee M Chulski
 Full Name (Last, First, Middle Initial)
 Mailing Address 423 Colin Cir
 City Ann Arbor State MI Zip Code 48103-6610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 20 / 2016**
Transaction ID : 20BB5E589D3A47B7B786
 Amount of Each Receipt this Period **250.00**
 Memo Item

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 14 OF 72
	<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. Susan E Cloud
 Full Name (Last, First, Middle Initial)
 Mailing Address 2352 Bizzone Cir
 City Virginia Beach State VA Zip Code 23464-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CRMC Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.28

Date of Receipt 08 / 15 / 2016
Transaction ID : 4D8A9B4CF1BEC8D9B5DC
 Amount of Each Receipt this Period 30.41
 Memo Item

B. William M Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1541 E 473rd Rd
 City Bolivar State MO Zip Code 65613-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S. Army Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 08 / 02 / 2016
Transaction ID : 16FAF08D2656401E8FAB
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Valerie Ann Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 78-6920 Alii Dr Apt 117
 City Kailua Kona State HI Zip Code 96740-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2016
Transaction ID : 5C46C9FBA24247DEAFEE
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	645.41
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 72
	<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. Stephen Scott Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4006 Running Brook Ct
 City College Station State TX Zip Code 77845-6460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.28**

Date of Receipt **08 / 24 / 2016**
Transaction ID : 4DA7B6FF9A92F7E37B74
 Amount of Each Receipt this Period **30.41**
 Memo Item

B. Jean Covillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 5450 Lackman Rd
 City Shawnee State KS Zip Code 66217-9749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Excel Anesthesia Occupation CRNA/Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 09 / 2016**
Transaction ID : 6BA84E18E1C64F1E90F4
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Shelley A Currie
 Full Name (Last, First, Middle Initial)
 Mailing Address 57883 Bandera Rd
 City Yucca Valley State CA Zip Code 92284-4909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer So. Cal Perm Med grp Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **475.00**

Date of Receipt **08 / 18 / 2016**
Transaction ID : B0E723D3167143FD8BEC
 Amount of Each Receipt this Period **375.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	905.41
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 72
	<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. Richard Alan Davenport SR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2817 W End Ave # 291
 City Nashville State TN Zip Code 37203-1453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid South Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.62

Date of Receipt 08 / 25 / 2016
Transaction ID : 4D6D99F67B190509B3F7
 Amount of Each Receipt this Period 16.66
 Memo Item

B. Rodney L Delong
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Trinity Bluffs Rd
 City Aledo State TX Zip Code 76008-3909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer cal town anesthesia Occupation crna
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 08 / 15 / 2016
Transaction ID : 411599B9CC2016B6A2D5
 Amount of Each Receipt this Period 91.25
 Memo Item

C. Brenda E Demint JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 13900 Westgate St
 City Overland Park State KS Zip Code 66221-2896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DeMint Anesthesia Services Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 08 / 2016
Transaction ID : 318E1D6883C34667995C
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	207.91
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 72
	<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. Catherine F Devito
 Full Name (Last, First, Middle Initial)
 Mailing Address 1936 Michigan Ave NE
 City St Petersburg State FL Zip Code 33703-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Morton Plant Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.28

Date of Receipt 08 / 20 / 2016
Transaction ID : 4E15AE79934769E2438B
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Thomas L Diggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 Jackson Ct
 City Jacksonville State NC Zip Code 28540-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Navy Occupation SRNA, USUHS Graduate School of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.75

Date of Receipt 08 / 15 / 2016
Transaction ID : 4A339F82055DFAC56D94
 Amount of Each Receipt this Period 91.25
 Memo Item

C. Lizabeth A Dilla
 Full Name (Last, First, Middle Initial)
 Mailing Address 4211 Old State Rd
 City Edinboro State PA Zip Code 16412-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Hamot Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2016
Transaction ID : 156B1A2BFFA44A97AC47
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	371.66
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 72
<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. Thomas A Diller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2509 Ivy St
 City Chattanooga State TN Zip Code 37404-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Tennessee Occupation CRNA
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 243.28

Date of Receipt 08 / 07 / 2016
Transaction ID : 48579ACD821A19585E7C
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Deniz Dishman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5253 Fannin St Apt 2315
 City Houston State TX Zip Code 77004-5867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Health Science Cen Occupation Assistant Professor, School of Nursing
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 08 / 18 / 2016
Transaction ID : EC5C8AD827D44C5DA880
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Mary G Dudley
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 L Hauser Rd
 City Onalaska State WI Zip Code 54650-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED DUDLEY ANESTHESIA SC Occupation NURSE ANESTHETIST
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 866.64

Date of Receipt 08 / 12 / 2016
Transaction ID : 4512928CFA8F029E75BA
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	363.74
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 19 OF 72
	(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. Terrica M Durbin
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 W Blount Ave
 Apt 108
 City Knoxville State TN Zip Code 37920-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Tennessee Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 26 / 2016
Transaction ID : 47C79FFC7173B73353F0
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Lucinda Edlund
 Full Name (Last, First, Middle Initial)
 Mailing Address 6538 Cimarron Cir
 City Anchorage State AK Zip Code 99504-3943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alaska Regional Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 18 / 2016
Transaction ID : 4ED4947A0315C5BF1C1F
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Brian D. Eells
 Full Name (Last, First, Middle Initial)
 Mailing Address 3238 Winterberry Dr
 City West Bloomfield State MI Zip Code 48324-2462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital of Michigan Occupation nurse anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 07 / 2016
Transaction ID : 4B5283AE7DC12DEE1479
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 72
	<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. Rebecca B Elowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 1437 S 10 1/2 Mile Rd
 City Midland State MI Zip Code 48640-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McLaren Central Michigan Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.28

Date of Receipt 08 / 20 / 2016
Transaction ID : 4B7985C72AB2FE056009
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Jodie E Emerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4375 Arbor Dr
 City Okemos State MI Zip Code 48864-3030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jodie E. Emerson INC Occupation Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2016
Transaction ID : 67EF1B4FCB094E8D9B36
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thomas Joseph Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 22351 Viajes
 City San Antonio State TX Zip Code 78261-2867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eclipse Anesthesia Services PLLC Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2016
Transaction ID : F01AD04D32CB44AAB9E2
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	530.41
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 72
	<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. Daniel J Farmer
Full Name (Last, First, Middle Initial)

Mailing Address 421 Meadow Brook Ter

City Hartsville State SC Zip Code 29550-4600

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

Name of Employer Independent Occupation Crna

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.87

Date of Receipt 08 / 12 / 2016
Transaction ID : 4AA08898EA33ED24C53B

Amount of Each Receipt this Period 30.41

Memo Item

B. Derek D Freeman
Full Name (Last, First, Middle Initial)

Mailing Address 2818 Wildoaks Dr

City Duncan State OK Zip Code 73533-1100

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

Name of Employer Central Anesthesia Associates Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 09 / 2016
Transaction ID : 4E2CB63A9877D10D7CBD

Amount of Each Receipt this Period 83.33

Memo Item

C. George G Gauamis
Full Name (Last, First, Middle Initial)

Mailing Address 14125 Five Point Rd

City Perrysburg State OH Zip Code 43551-1171

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

Name of Employer ProMedica Anesthesia Consultants Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2016
Transaction ID : A48C8E9C0A19473EB344

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	363.74
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 72
<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. Robert J Gauvin
Full Name (Last, First, Middle Initial)
Mailing Address 5 Seabreeze Ln
City Mattapoisett State MA Zip Code 02739-2616
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesia Professionals, Inc. Occupation CRNA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2249.97**

Date of Receipt **08 / 19 / 2016**
Transaction ID : 4F9AA49FB4D23F55AB29
Amount of Each Receipt this Period **208.33**
 Memo Item

B. Marjorie A Geisz-Everson
Full Name (Last, First, Middle Initial)
Mailing Address 11001 Patterson Rd
City New Orleans State LA Zip Code 70131-3251
FEC ID number of contributing federal political committee. **C**
Name of Employer LSUHSC School of Nursing Occupation CRNA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **08 / 04 / 2016**
Transaction ID : E27B030D1EB44E82AE16
Amount of Each Receipt this Period **250.00**
 Memo Item

C. Ronald E Gonzales
Full Name (Last, First, Middle Initial)
Mailing Address 1203 Meadowlark
City Pleasanton State TX Zip Code 78064-3939
FEC ID number of contributing federal political committee. **C**
Name of Employer Alpha/Omega Anesthetist PLLC Occupation CRNA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 08 / 2016**
Transaction ID : EAC5BC884F994A089C18
Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	958.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 72
	<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. Howard O Goodwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 15309 Creek Point Ln
 City Carrollton State VA Zip Code 23314-2027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAI Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **08 / 13 / 2016**
Transaction ID : 4C97B922D20B85CE0258
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Alan S Greenbaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 5314 SW Martha St
 City Portland State OR Zip Code 97221-1841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHSU Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.28**

Date of Receipt **08 / 15 / 2016**
Transaction ID : 47F68EA7D4E058EB732F
 Amount of Each Receipt this Period **30.41**
 Memo Item

C. Regan N Grissom
 Full Name (Last, First, Middle Initial)
 Mailing Address 3326 Trillium Whorl Ct
 City Raleigh State NC Zip Code 27607-5465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **666.64**

Date of Receipt **08 / 23 / 2016**
Transaction ID : 43DB87A9EC1515593FCC
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	197.07
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 72
	<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. Adrienne G Hartgerink
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 Brookstone Way
 City Suffolk State VA Zip Code 23435-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Old Dominion University Occupation Nurse Anesthetist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 16 / 2016**
Transaction ID : 0B08AD47B6214A03B89D
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Braden Hemingway
 Full Name (Last, First, Middle Initial)
 Mailing Address 5709 S Copper Ridge Blvd
 City Spokane State WA Zip Code 99224-9289
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Medical Group Occupation CRNA
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **243.28**

Date of Receipt **08 / 02 / 2016**
Transaction ID : 4DFEBE0463AC5CE3CEC2
 Amount of Each Receipt this Period **30.41**
 Memo Item

C. Patti A Hendrix
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8690
 City Kodiak State AK Zip Code 99615-8690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Providence Kodiak Island Medical Cente Occupation CRNA
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date **450.00**

Date of Receipt **08 / 02 / 2016**
Transaction ID : 47DA86335D504698B921
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	330.41
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 25 OF 72
	<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. Bruce Allen 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 Surgery Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **801.00**

Date of Receipt **08 / 20 / 2016**
Transaction ID : 4EE5974722483E0E0A6D
 Amount of Each Receipt this Period **89.00**
 Memo Item

B. Linda T Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 1097 Enclave Rd
 City Chattanooga State TN Zip Code 37415-5631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The University of Tennessee at Chattan Occupation CRNA Associate Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **785.00**

Date of Receipt **08 / 07 / 2016**
Transaction ID : 43508DC9C47C95547FA6
 Amount of Each Receipt this Period **25.00**
 Memo Item

C. John T Hitchens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 Farmshire Ct
 City Jarrettsville State MD Zip Code 21084-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Watchful Care Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1833.31**

Date of Receipt **08 / 12 / 2016**
Transaction ID : 4D3BA646A91C02FE6083
 Amount of Each Receipt this Period **208.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	322.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 72
	<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. Jeffrey Lewis Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 Water St # 105
 City Dayton State OH Zip Code 45402-1248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TCU Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 08 / 20 / 2016
Transaction ID : 40F6947FE77CF327467F
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Gerard T Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1306 Osceola Ave
 City Jacksonville Beach State FL Zip Code 32250-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Florida Occupation Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2016
Transaction ID : 7EA95F8B923E4BFFA54C
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ruth A Bilharz Holst
 Full Name (Last, First, Middle Initial)
 Mailing Address 41835 N Pedersen Dr S
 City Antioch State IL Zip Code 60002-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NorthShore University Health System Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2016
Transaction ID : CBC7F0D43C5F4458A145
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.33
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 72
	<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. Christopher P Hulin

Mailing Address 315 Hospital Dr

City Madison State TN Zip Code 37115-5030

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

Name of Employer Middle TN School of Anesthesia Occupation Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt **08 / 20 / 2016**

Transaction ID : 447D9CC1BD49519C761D

Amount of Each Receipt this Period **83.33**

Memo Item

Full Name (Last, First, Middle Initial)
B. Deborah L Jackson-Thomas

Mailing Address 7722 Oldhaven St

City Houston State TX Zip Code 77074-5323

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

Name of Employer DLJT ANESTHESIA SERVICES,PLLC Occupation Nurse Anesthetist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt **08 / 24 / 2016**

Transaction ID : 42188D32C2D5C6F6EA7C

Amount of Each Receipt this Period **83.33**

Memo Item

Full Name (Last, First, Middle Initial)
C. Randell S James

Mailing Address 11219 E Sundown Dr

City Spokane Valley State WA Zip Code 99206-9635

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

Name of Employer Northwest Orthopedic Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 30 / 2016**

Transaction ID : EFD009850AF04C608AB3

Amount of Each Receipt this Period **100.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	266.66
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 72
	<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. Matthew R Jewett
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Kings Rd
 City Fairmont State MN Zip Code 56031-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Health System Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 08 / 12 / 2016
Transaction ID : 496994F795CD2D8C8453
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Brian J Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 7505 Baughman Dr
 City Amarillo State TX Zip Code 79121-1826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reg Martin MD PA Occupation Staff Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2016
Transaction ID : C3C93C2A99EA427BBFE0
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Timothy P Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 Turnbury Rd
 City Howard State WI Zip Code 54313-9555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Govt Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 08 / 22 / 2016
Transaction ID : 4B1FAA967A3F4DC7A1B0
 Amount of Each Receipt this Period 255.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	535.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 72
	(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. Darlena G Jones
Full Name (Last, First, Middle Initial)
Mailing Address 1024 Chickasaw Dr
City Madisonville State KY Zip Code 42431-3322
FEC ID number of contributing federal political committee. **C**
Name of Employer Mahr Cancer Center Occupation CRNA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **243.28**

Date of Receipt **08 / 09 / 2016**
Transaction ID : 4A24B171247A24A63C22
Amount of Each Receipt this Period **30.41**
 Memo Item

B. Timothy A Jones
Full Name (Last, First, Middle Initial)
Mailing Address 1702 Southpark Dr
City Dalhart State TX Zip Code 79022-5036
FEC ID number of contributing federal political committee. **C**
Name of Employer Coon Memorial Hospital Occupation CRNA
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **909.98**

Date of Receipt **08 / 02 / 2016**
Transaction ID : 47BC8808DC41AF911816
Amount of Each Receipt this Period **83.33**
 Memo Item

C. Karyn Karp
Full Name (Last, First, Middle Initial)
Mailing Address 1078 Fryer Creek Dr
City Sonoma State CA Zip Code 95476-7574
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 **2390.00**

Date of Receipt **08 / 11 / 2016**
Transaction ID : 9C39DFEB7F66CBD4C37
Amount of Each Receipt this Period **210.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	323.74
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 72
	<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. Karyn Karp
 Full Name (Last, First, Middle Initial)
 Mailing Address 1078 Fryer Creek Dr
 City Sonoma State CA Zip Code 95476-7574
 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 ▼ 2390.00

Date of Receipt
 08 / 12 / 2016
Transaction ID : 4E538A7B0816C94D484D
 Amount of Each Receipt this Period
 210.00
 Memo Item

B. Karyn Karp
 Full Name (Last, First, Middle Initial)
 Mailing Address 1078 Fryer Creek Dr
 City Sonoma State CA Zip Code 95476-7574
 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 ▼ 2390.00

Date of Receipt
 08 / 23 / 2016
Transaction ID : 44103F33967744029B4E
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Patricia E Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 Fayette New Wilmington Rd
 City New Wilmington State PA Zip Code 16142-4618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC Shadyside Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 08 / 01 / 2016
Transaction ID : F1B072764FF3481E9B25
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	510.00
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 72
	<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. Debra L Kearney
Full Name (Last, First, Middle Initial)

Mailing Address 812 Gardner St

City Clifton Forge State VA Zip Code 24422-1710

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

Name of Employer NABS Occupation Crna

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.87

Date of Receipt 08 / 16 / 2016
Transaction ID : 4BDF8D1E60CC4097E4BB

Amount of Each Receipt this Period 30.41

Memo Item

B. Gwendolyn M Key
Full Name (Last, First, Middle Initial)

Mailing Address 4314 NE Hassalo St

City Portland State OR Zip Code 97213-1516

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

Name of Employer Innovative Anesthesia Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.33

Date of Receipt 08 / 01 / 2016
Transaction ID : 8FAA6A8C40AA45D1B820

Amount of Each Receipt this Period 30.42

Memo Item

C. 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 ▼ 250.00

Date of Receipt 08 / 30 / 2016
Transaction ID : 94B3195DD38E4052BB0C

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 310.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 72
	<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. Tammy L Kondisko
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Pleasant Dr
 City Bernville State PA Zip Code 19506-9309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reading Health System Occupation Nurse anesthetist
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 08 / 07 / 2016
Transaction ID : D76BA81C5A2F41F6B4E6
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Crystal Lynn Koss
 Full Name (Last, First, Middle Initial)
 Mailing Address 2193 N Berrys Chapel Rd
 City Franklin State TN Zip Code 37069-6613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MTSA Occupation SRNA
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 243.34

Date of Receipt 08 / 01 / 2016
Transaction ID : 2C63609E5CC74473BEF3
 Amount of Each Receipt this Period 30.42
 Memo Item

C. Mark K Krammes
 Full Name (Last, First, Middle Initial)
 Mailing Address 2510 8th Street Dr
 City Watsontown State PA Zip Code 17777-8474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Evangelical Community Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 416.65

Date of Receipt 08 / 11 / 2016
Transaction ID : 4307915D34966F70DD9F
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	363.75
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 72
	<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. Yana Krmic
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Driftwood
 City Somers State NY Zip Code 10589-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montefiore Medical Health System Occupation Chief CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1124.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : 4EBCAF24B133D5E82109
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Yana Krmic
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Driftwood
 City Somers State NY Zip Code 10589-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montefiore Medical Health System Occupation Chief CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1124.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2016
Transaction ID : 44E49EDC1B5D8DF5C6EF
 Amount of Each Receipt this Period
 208.33
 Memo Item

C. Holly V Lashmet
 Full Name (Last, First, Middle Initial)
 Mailing Address 65675 711 Rd
 City Falls City State NE Zip Code 68355-2464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shadow Anesthesia Services Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **355.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 30 / 2016
Transaction ID : 9DC82A5772E441799A5A
 Amount of Each Receipt this Period
 355.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	613.33
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 72
	<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. 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 **400.00**

Date of Receipt **08 / 21 / 2016**
Transaction ID : 48E29B769DFB675C1F58
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Dawn Borth Lewellen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Hickory Valley Ct
 City Arlington State TX Zip Code 76006-4002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkland Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 23 / 2016**
Transaction ID : A7D5CF1DE97E49E7BB8A
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Daniel Paul Lipman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3607 Chatwood Dr
 City Pearland State TX Zip Code 77584-2340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ND ANDERSON CANVER CENTER Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **212.87**

Date of Receipt **08 / 26 / 2016**
Transaction ID : 46FEA3F21C113778D447
 Amount of Each Receipt this Period **30.41**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	330.41
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 35 OF 72
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)
A. Michael J Long

Mailing Address 107 Greene Ave

City State Zip Code
Brooklyn NY 11238-1009

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

Name of Employer Occupation
Memorial Sloan Kettering Cancer Center CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt
08 / 18 / 2016
Transaction ID : 4F9DB1944E266BE2ADCB

Amount of Each Receipt this Period
83.33

Memo Item

Full Name (Last, First, Middle Initial)
B. Peter Losi

Mailing Address 11 Cranberry Ln

City State Zip Code
East Falmouth MA 02536-4709

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

Name of Employer Occupation
RI Hospital CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.28

Date of Receipt
08 / 02 / 2016
Transaction ID : 4EC2AFCE018D50852CF0

Amount of Each Receipt this Period
30.41

Memo Item

Full Name (Last, First, Middle Initial)
C. Danilo N Lovinaria

Mailing Address 3616 Edmund Blvd

City State Zip Code
Minneapolis MN 55406-2944

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

Name of Employer Occupation
Veterans Affairs Health Care System CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt
08 / 10 / 2016
Transaction ID : 453E81B42AEAAAEB0075

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 197.07

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 72
	(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. Debra Pecka Malina
Full Name (Last, First, Middle Initial)

Mailing Address 45730 Hopactong St

City Temecula State CA Zip Code 92592-5738

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

Name of Employer Barry University - Health Sciences Adm Occupation Assistant Director of Clinical Educati

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 20 / 2016
Transaction ID : 4B0BA84EFB040C7FDBB0

Amount of Each Receipt this Period 100.00

Memo Item

B. Kevin J Maltais
Full Name (Last, First, Middle Initial)

Mailing Address 1220 Hunter Ct

City Creedmoor State NC Zip Code 27522-7280

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 ▼ 666.64

Date of Receipt 08 / 06 / 2016
Transaction ID : 4A9084854F8E7ECED529

Amount of Each Receipt this Period 83.33

Memo Item

C. Jennifer A Martens
Full Name (Last, First, Middle Initial)

Mailing Address 49249 Sandra Dr

City Shelby Township State MI Zip Code 48315-3533

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

Name of Employer St. John's Hospital - Detroit Occupation CRNA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2016
Transaction ID : 4559BC2C43CE11426493

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.33
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 37 OF 72
	<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. Terry A Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 E 466th Rd
 Apt C
 City Bolivar State MO Zip Code 65613-9134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CoxHealth Network Occupation CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 405.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016
Transaction ID : 4524836684E8322DBB83
 Amount of Each Receipt this Period
 31.00
 Memo Item

B. Jill Ann Mason-Nguyen
 Full Name (Last, First, Middle Initial)
 Mailing Address 877 Inverness Cir
 City Spartanburg State SC Zip Code 29306-6680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foothill Anesthesia Consultants Occupation CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : 2A815A87B5914F97B761
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Kathy M Maxwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Sophie Ln
 City Hampden State ME Zip Code 04444-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nurse Anesthesia of Maine Occupation CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2016
Transaction ID : F4B737E63E4343A9BA99
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1281.00
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 38 OF 72
	<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. Jessica Mallory Mayeux
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 Montview Dr
 City Asheville State NC Zip Code 28801-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AllCare Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2016
Transaction ID : 975E6068F62B43F99881
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Judith A McKee
 Full Name (Last, First, Middle Initial)
 Mailing Address 3269 Maricopa Ave Ste 114-422
 City Lake Havasu City State AZ Zip Code 86406-8593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WIND RIVER ANESTHESIA Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2016
Transaction ID : AC523F44C2E54A759B42
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Kara Lynn McMachen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2220 Harney Dr
 City Rapid City State SD Zip Code 57702-5154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rapid City Regional Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 08 / 30 / 2016
Transaction ID : 9D4B2F9EA98F49A5893E
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 39 OF 72
	<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. Genevieve Christine McRae
 Full Name (Last, First, Middle Initial)
 Mailing Address 8594 Beaverwood Dr
 City Germantown State TN Zip Code 38138-7715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Anesthesiologists Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.33

Date of Receipt 08 / 04 / 2016
Transaction ID : D5FDAD413B9A42F6867F
 Amount of Each Receipt this Period 30.42
 Memo Item

B. Ramon L Medina
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Woodbury Ln
 City Canton State GA Zip Code 30114-4590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAG Anesthesia Services, Inc Occupation Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 14 / 2016
Transaction ID : EF9742130617498584FD
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Susan J Mooney
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 S Star Gazer
 City Santa Fe State NM Zip Code 87506-1211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Endoscopy Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 30 / 2016
Transaction ID : 4A5494DC2E21388DA9C2
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 72
	<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. Noele M Morse
 Full Name (Last, First, Middle Initial)
 Mailing Address 107A Kitemaug Rd
 City State Zip Code
 Uncasville CT 06382-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northstar Anesthesia CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 416.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2016
Transaction ID : 4189B4F299C94186F1ED
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Trevor T Mueller
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Falls Blvd
 City State Zip Code
 Springboro OH 45066-8180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TEAMHealth Nurse Anesthetist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2016
Transaction ID : ABACE47732284C95AE41
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Michael R Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 985 Belle Ct
 City State Zip Code
 Dickinson ND 58601-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sanford ASC, Dickinson, ND CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 490.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : 4807B6B5973FD844EE58
 Amount of Each Receipt this Period
 70.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	278.33
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 41 OF 72
	(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. Scott D Myers
Full Name (Last, First, Middle Initial)

Mailing Address 5968 Alice Dr

City Gladwin State MI Zip Code 48624-9022

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

Name of Employer Self Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 26 / 2016
Transaction ID : F1B7875BC1A8452CA16B

Amount of Each Receipt this Period 200.00

Memo Item

B. Brian C Neal
Full Name (Last, First, Middle Initial)

Mailing Address 1319 Glenwood Canyon Ln

City Houston State TX Zip Code 77077-1075

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

Name of Employer Brian Neal CRNA PC Occupation nurse anesthetist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 20 / 2016
Transaction ID : BE371842CF3D4D64B8FB

Amount of Each Receipt this Period 1000.00

Memo Item

C. Bartt A Nehrt
Full Name (Last, First, Middle Initial)

Mailing Address 29 Knollwood Dr

City Chester State IL Zip Code 62233-1416

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 ▼ 355.00

Date of Receipt 08 / 26 / 2016
Transaction ID : EE66FD0817324A7F96A7

Amount of Each Receipt this Period 355.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1555.00

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 42 OF 72
	<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. Amy Pfeil Neimkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 368 Woodward Ct
 City Birmingham State AL Zip Code 35242-6040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAB Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **08 / 25 / 2016**
Transaction ID : 4F64A608FCB1E530572E
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Emily T Nguyen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4213 Cedarbrook Cir
 City Richardson State TX Zip Code 75082-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkland health & hospital system Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 02 / 2016**
Transaction ID : 9475006F5EE54D6FB4B3
 Amount of Each Receipt this Period **400.00**
 Memo Item

C. Sharon G Niemann
 Full Name (Last, First, Middle Initial)
 Mailing Address 2641 S 218th St W
 City Goddard State KS Zip Code 67052-9275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newman University Occupation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **840.00**

Date of Receipt **08 / 05 / 2016**
Transaction ID : 43AC9CE81A7D7C7CDF20
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.33
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 43 OF 72
	<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. Cheryl L Nimmo
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Aberdeen Rd
 City Riverside State RI Zip Code 02915-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer university of new england Occupation assistant program director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.72

Date of Receipt 08 / 18 / 2016
Transaction ID : 4A2797117A101DBD47F1
 Amount of Each Receipt this Period 83.34
 Memo Item

B. John 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 VA Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 719AD60C164842758A3C
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hylda B Nugent
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 Arapahoe Rdg
 City Weatherford State TX Zip Code 76087-3820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Christian University Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2016
Transaction ID : A8DD37DB-4FFA-464D-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	363.34
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 44 OF 72
	<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. Mary K O'Brien
 Full Name (Last, First, Middle Initial)
 Mailing Address 1445 Deer Woods Dr NE
 City Swisher State IA Zip Code 52338-9436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Iowa Dept. of Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.28**

Date of Receipt **08 / 05 / 2016**
Transaction ID : 41CA83DB7D0D63EE8BEE
 Amount of Each Receipt this Period **30.41**
 Memo Item

B. Ronald Lee Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 827 Arlington Ave
 City Lemoore State CA Zip Code 93245-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 17 / 2016**
Transaction ID : C2559B18D10C4558ACA4
 Amount of Each Receipt this Period **150.00**
 Memo Item

C. Paul Packard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1031 16th Avenue PI NW
 City Hickory State NC Zip Code 28601-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Catawba valley med ctr Occupation Crna
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **588.00**

Date of Receipt **08 / 19 / 2016**
Transaction ID : 48B6B4DDB3F1211BD12A
 Amount of Each Receipt this Period **84.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	264.41
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 45 OF 72
	(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. Bethany Corinne Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Sea Oaks Blvd
 City Long Beach State MS Zip Code 39560-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grand Strand Regional Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **583.31**

Date of Receipt **08 / 16 / 2016**
Transaction ID : 4017AB86E634B44ED332
 Amount of Each Receipt this Period **83.33**
 Memo Item

B. Mital J Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1519 Asbury St
 City Houston State TX Zip Code 77007-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Anesthesia and Pain Services Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 15 / 2016**
Transaction ID : 58CC6CB337A4442883CC
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Julie A Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 Ticino Ct
 City New Bern State NC Zip Code 28562-8989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CarolinaEast Health System Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : 4D52B73C3EBFAABCC267
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.33
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 46 OF 72
	<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. Anthony T Pemerton
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Valley Brook Dr SE
 City Rome State GA Zip Code 30161-5966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harbin Clinic Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt 08 / 20 / 2016
Transaction ID : 40FB8282E3D96AEC0A0F
 Amount of Each Receipt this Period 208.33
 Memo Item

B. Christopher L Poland
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Antler Loop
 City New Castle State CO Zip Code 81647-8522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grand River Health Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2016
Transaction ID : 2939C0636E2942258569
 Amount of Each Receipt this Period 250.00
 Memo Item

C. John Pozar
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 NW 8th St
 City Pendleton State OR Zip Code 97801-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Anthony Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2016
Transaction ID : 9392ADE409584D8A8D3E
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	708.33
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 47 OF 72
	<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. Elizabeth Harrell Putnam
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 Beverly Rd
 City Asheville State NC Zip Code 28805-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt 08 / 01 / 2016
Transaction ID : D803BCFAAFF4C94AA3F
 Amount of Each Receipt this Period 100.00
 Memo Item

B. John Douglas Ramey
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 E Pradera Ct
 City Fort Worth State TX Zip Code 76108-9595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pulse Anesthesia Staffing Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1083.31**

Date of Receipt 08 / 04 / 2016
Transaction ID : 91FFFC62AB0F4978A7BC
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Erik S Rauch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3196 65th St N
 City St Petersburg State FL Zip Code 33710-2459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sheridan Healthcare Occupation Certified Registered Nurse Anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt 08 / 03 / 2016
Transaction ID : 9228F52DE16D4D7D91BF
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 72
	<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. Derek A Reckard
Full Name (Last, First, Middle Initial)

Mailing Address 3205 Siler Dr

City Finleyville State PA Zip Code 15332-1527

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

Name of Employer University of Pittsburg Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2016

Transaction ID : 43B396308CB7E8B27E9E

Amount of Each Receipt this Period
 30.41

Memo Item

B. Margaret Jane Riggins
Full Name (Last, First, Middle Initial)

Mailing Address 3285 Gramercy Pl

City Tallahassee State FL Zip Code 32308-0581

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

Name of Employer Tallahassee Memorial HealthCare Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2016

Transaction ID : 48919021AC824D7FA165

Amount of Each Receipt this Period
 250.00

Memo Item

C. Donald J Roesler
Full Name (Last, First, Middle Initial)

Mailing Address 3404 W 90th St

City Sioux Falls State SD Zip Code 57108-6303

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

Name of Employer Avera McKenna Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2016

Transaction ID : 8914C3DCB40D424ABA51

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1280.41
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 49 OF 72
	<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. Christopher A Romanowski		Date of Receipt MM / DD / YYYY 08 / 26 / 2016
Mailing Address 9003 Gardenia Rd		Transaction ID : D55DD2EAF0224661A0B7
City Baltimore	State MD	Zip Code 21236-1764
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation CRNA	<input type="checkbox"/> Memo Item
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) B. Malini D Rossington		Date of Receipt MM / DD / YYYY 08 / 24 / 2016
Mailing Address 2330 Athena Rd		Transaction ID : 414BB263217C8B6E29E9
City West Linn	State OR	Zip Code 97068-2843
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.41	
Name of Employer OHSU	Occupation CRNA	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.28	

Full Name (Last, First, Middle Initial) C. Angela M Sadler		Date of Receipt MM / DD / YYYY 08 / 06 / 2016
Mailing Address 696 19th St		Transaction ID : 40A7A545462F0FDD055A
City Des Moines	State IA	Zip Code 50314-1008
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Metro Anesthesia	Occupation CRNA	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.33	

SUBTOTAL of Receipts This Page (optional).....▶	380.41
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 50 OF 72
	<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. Mike A Sadler
Full Name (Last, First, Middle Initial)

Mailing Address 5860 Westhaven Dr

City Fort Worth State TX Zip Code 76132-2602

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

Name of Employer Texas Christian University Occupation Assistant Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2016
Transaction ID : **B3FBEB676774FFFA0F1**

Amount of Each Receipt this Period 250.00

Memo Item

B. Teresa Yvonne Satterfield
Full Name (Last, First, Middle Initial)

Mailing Address 1886 Mt Willing Rd

City Leesville State SC Zip Code 29070-7238

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

Name of Employer Springs Memorial Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt 08 / 04 / 2016
Transaction ID : **42C0B756EC016FD5C7EB**

Amount of Each Receipt this Period 67.00

Memo Item

C. Michael D Sawyer
Full Name (Last, First, Middle Initial)

Mailing Address 1353 Red Oak Ave

City Red Wing State MN Zip Code 55066-3045

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

Name of Employer Mayo Clinic Health System Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : **06D5F9E6942B41899238**

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 817.00

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 51 OF 72
	<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. Alvin H Schmitt
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 246
 City State Zip Code
 Gregory SD 57533-0246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rural Anesthesia Services, P.C. CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 666.67

Date of Receipt
 08 / 01 / 2016
Transaction ID : 60C247C044764861A60F
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. Mary B Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Chippewa Ct
 City State Zip Code
 Madison WI 53711-2803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Wisconsin CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.75

Date of Receipt
 08 / 01 / 2016
Transaction ID : 8D1B204DFE5942D89BF6
 Amount of Each Receipt this Period
 91.25
 Memo Item

C. Cheryl L Schosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Amandas Autumn Ln
 City State Zip Code
 Taylors SC 29687-6356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spartanburg Regional Healthcare System crna
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 385.00

Date of Receipt
 08 / 02 / 2016
Transaction ID : C08DC84245BA472887BB
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.58
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 52 OF 72
<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. Shannon R Segres
Full Name (Last, First, Middle Initial)

Mailing Address 63 Horseman Ct

City Randallstown State MD Zip Code 21133-4065

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

Name of Employer Johns Hopkins University Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016
Transaction ID : 659B4EFB585A442697C0

Amount of Each Receipt this Period
84.00

Memo Item

B. 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 MS Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2016
Transaction ID : DDAA8708BADD44E783D8

Amount of Each Receipt this Period
250.00

Memo Item

C. William L Self
Full Name (Last, First, Middle Initial)

Mailing Address 30 Choctaw Trl

City Ormond Beach State FL Zip Code 32174-4347

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

Name of Employer Halifax Anesthesiology Associates Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2016
Transaction ID : 440EBF29D8252C452411

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.00
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 53 OF 72
	<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. Janet L Setnor
 Full Name (Last, First, Middle Initial)
 Mailing Address 7766 Camp David Dr
 City Springfield State VA Zip Code 22153-2370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin-Weston Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **08 / 28 / 2016**
Transaction ID : 49DE90890FFDAC610985
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. Scott K Shaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 10940 County Road 240
 City Salida State CO Zip Code 81201-9222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self/Monarch Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1666.64**

Date of Receipt **08 / 23 / 2016**
Transaction ID : 43848D5314A2C4B15D20
 Amount of Each Receipt this Period **208.33**
 Memo Item

C. Sarah Sheets
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 Cocklebur Ln
 City Fort Collins State CO Zip Code 80525-4365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern Colorado Anesthesia Professio Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 12 / 2016**
Transaction ID : 574DA5815AAC4BFAA307
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	558.33
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 54 OF 72
	<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. Charlotte E Sherman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 9334
 City Paducah State KY Zip Code 42002-9334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer anesth of paducah/to northstar Occupation crane
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.28**

Date of Receipt **08 / 21 / 2016**
Transaction ID : 47C293DBA9142A181C0F
 Amount of Each Receipt this Period **30.41**
 Memo Item

B. Jason M Silva
 Full Name (Last, First, Middle Initial)
 Mailing Address 3121 Buffalo Speedway Apt 3101
 City Houston State TX Zip Code 77098-1846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer md anderson cancer center Occupation crna
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **243.28**

Date of Receipt **08 / 21 / 2016**
Transaction ID : 4C85A71068D7D821059C
 Amount of Each Receipt this Period **30.41**
 Memo Item

C. Kandi T Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 816 E Pradera Ct
 City Fort Worth State TX Zip Code 76108-9595
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1303.31**

Date of Receipt **08 / 15 / 2016**
Transaction ID : 4651BA71C3AEFE06A9CE
 Amount of Each Receipt this Period **83.33**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.15
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 55 OF 72
	<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"/>	<input type="checkbox"/> 17

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

A. Susan L Sonson
Full Name (Last, First, Middle Initial)

Mailing Address 5757 Collins Ave
Apt 1101

City Miami Beach State FL Zip Code 33140-2305

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

Name of Employer Jackson Memorial Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 21 / 2016
Transaction ID : 4245793F96514EC991B2

Amount of Each Receipt this Period
500.00

Memo Item

B. Jenna R Steege
Full Name (Last, First, Middle Initial)

Mailing Address 6266 Fairway Dr NW

City Rochester State MN Zip Code 55901-5929

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

Name of Employer Mayo Clinic Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
645.81

Date of Receipt
08 / 28 / 2016
Transaction ID : 4C1DB982EC3ACEB692C8

Amount of Each Receipt this Period
20.83

Memo Item

C. Sara Seidel Stivelman
Full Name (Last, First, Middle Initial)

Mailing Address 1809 W Clear Lake Dr

City Salisbury State MD Zip Code 21804-1969

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

Name of Employer sara s stivelman crna pa Occupation crna

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 16 / 2016
Transaction ID : 1B32743C23EF44BF9F23

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 620.83

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 56 OF 72
	<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. Lawrence R Stump
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Lyndenglen Dr
 Apt 208
 City Ann Arbor State MI Zip Code 48103-6982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann Arbor MI Hospital Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 02 / 2016**
Transaction ID : ECDD150999CC46B1B6AC
 Amount of Each Receipt this Period **30.00**
 Memo Item

B. Cassandra L Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 4103 Virginia Ave SE
 City Charleston State WV Zip Code 25304-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Area Medical Center Occupation CRNA Instructor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **304.10**

Date of Receipt **08 / 14 / 2016**
Transaction ID : 4A05A976968595211CDC
 Amount of Each Receipt this Period **30.41**
 Memo Item

C. Benjamin Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2050 Newnan Crossing Blvd E
 Apt 4006
 City Newnan State GA Zip Code 30265-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer sentry Occupation crna
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **08 / 21 / 2016**
Transaction ID : 06100F14-C8A0-4DBF-
 Amount of Each Receipt this Period **365.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.41
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 57 OF 72
	<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. Jeffrey L Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 4222 Gosford Dr
 City Avon State OH Zip Code 44011-4419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Team Health Occupation CRNA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 399.99

Date of Receipt 08 / 24 / 2016
Transaction ID : 4D3BB42159B6CBE90355
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Neil Lee Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 243 Blake Ct
 City Springfield State IL Zip Code 62711-5606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springfield clinic Occupation Staff CRNA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 08 / 21 / 2016
Transaction ID : 452DA3F1C71409098B18
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jared J Vandebroek
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Rocks Edge Rd
 City Bethlehem State NH Zip Code 03574-4719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Littleton Regional Healthcare Occupation CRNA
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 666.64

Date of Receipt 08 / 04 / 2016
Transaction ID : 452EA5FF0F377D8D341F
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	383.33
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 58 OF 72
	<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. Mark E Vandolah
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1330
 7 Vandolah Rd
 City Three Forks State MT Zip Code 59752-1330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tobacco Root Anesthesiology. LLC Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 20 / 2016**
Transaction ID : 040ADCCDC0EA46F8A639
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Coleen D Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4344 Stones River Ct
 City New Port Richey State FL Zip Code 34653-6137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center of Trinity Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **755.00**

Date of Receipt **08 / 25 / 2016**
Transaction ID : 94061F5A9CB04126971F
 Amount of Each Receipt this Period **355.00**
 Memo Item

C. Robert Phillip Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address 12566 Tall Pine Dr
 City Sainte Genevieve State MO Zip Code 63670-8617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Genevieve County Memorial Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 21 / 2016**
Transaction ID : 4E5D9CC28DF7DD41D261
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	655.00
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 59 OF 72
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name (Last, First, Middle Initial)
A. Diana P Wilson

Mailing Address 12619 Cloud Mountain Xing

City Austin	State TX	Zip Code 78726-4037
----------------	-------------	------------------------

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

Name of Employer Baylor Scott and White Health	Occupation CRNA
---	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	01	/	2016

Transaction ID : 6B84F71052B5420FA96D

Amount of Each Receipt this Period
30.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Timothy J Wolf

Mailing Address 220 W 21st St

City Upland	State CA	Zip Code 91784-1412
----------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	11	/	2016

Transaction ID : DD5CADBB4EF541DA97C9

Amount of Each Receipt this Period
100.00

Memo Item

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

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

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	26577.69

**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. Adrian Smith for Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361-4587

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name

Adrian Michael Smith

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

/ /

Transaction ID : 5AC828C66C18B57985C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address PO Box 71584

City State Zip Code
Los Angeles CA 90071

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name

Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

/ /

Transaction ID : FE94C7CD285D4C85664

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Ben Sasse for US Senate Inc

Mailing Address PO Box 1976

City State Zip Code
Fremont NE 68026-1976

Purpose of Disbursement
2020 Primary

Category/
Type

Candidate Name

Benjamin Eric Sasse

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

/ /

Transaction ID : 182D7223E159A3CE72E

Amount of Each Disbursement this Period

Memo Item

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. Buddy Carter for Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement
2016 General

011

Candidate Name

Earl L. B. Carter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : 60145C1F45D5B720036

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Castor for Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2016 General

011

Candidate Name

Katherine Anne Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : 4B16C34C88321A4D6AE

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHC BOLD PAC

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
2016 Contribution

011

Candidate Name

CHC BOLD PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 11 / 2016

Transaction ID : 022EB1C7E96709118F1

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

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. Comstock for Congress

Mailing Address PO Box 831

City State Zip Code
Mc Lean VA 22101

Purpose of Disbursement
2016 General

011

Candidate Name

Barbara Jean Comstock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : 4B66D4F5EEDFDFB2EE7

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cooper for Congress

Mailing Address PO Box 198497

City State Zip Code
Nashville TN 37219

Purpose of Disbursement
2016 General

011

Candidate Name

James Hayes Cooper

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : 09F71755852C40F2AE2

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cramer for Congress

Mailing Address PO Box 396

City State Zip Code
Bismarck ND 58502-0396

Purpose of Disbursement
2016 General

011

Candidate Name

Kevin John Cramer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : AD1BFD FEC63DE8DA582

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Deb Fischer for US Senate Inc

Mailing Address 5555 South St

City Lincoln State NE Zip Code 68506

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Debra Fischer

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : 1822F37A927DC7AB666

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. First in Freedom PAC

Mailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

First in Freedom PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : 67BD46F0BB7D14CE9C4

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Freedom Fund

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 11 / 2016

Transaction ID : 51E17F99283DB3317C9

Amount of Each Disbursement this Period

5000.00

Memo Item

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. Gregg Harper for Congress

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Gregg Harper

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

Transaction ID : F1EF8258DA42839550E

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

Transaction ID : D8F582E45CBB88441EE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jeff Flake for US Senate Inc

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284-0042

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Jeffrey Lane Flake

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

Transaction ID : 603B65D906B56FA6E68

Amount of Each Disbursement this Period

1500.00

Memo Item

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

4000.00

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

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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. John S Fund

Mailing Address PO Box 853

City State Zip Code
Edwardsville IL 62025-0853

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name
John S Fund

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

Date of Disbursement

/ /

Transaction ID : 3913D57F04E1DAE2045

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Langevin for Congress

Mailing Address 181A Knight St

City State Zip Code
Warwick RI 02886

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
James R. Langevin

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

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

/ /

Transaction ID : DDDE4D29D48F3015857

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Levin for Congress

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Sander M. Levin

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

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement

/ /

Transaction ID : 85C54C4FCA0989E0C56

Amount of Each Disbursement this Period

Memo Item

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. Liberty & Prosperity PAC

Mailing Address 19 Cattano Ave

City State Zip Code
Morristown NJ 07960-6839

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Liberty & Prosperity PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2016

Transaction ID : BA9B3C3A657845DBF16

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City State Zip Code
Bakersfield CA 93389-0134

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Majority Committee PAC--Mc PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2016

Transaction ID : CD019C7974A7B3727C5

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Pocan for Congress

Mailing Address PO Box 327

City State Zip Code
Madison WI 53701

Purpose of Disbursement
2016 General

011

Candidate Name

Mark Pocan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2016

Transaction ID : 9BF11C5AB6E2BB57E08

Amount of Each Disbursement this Period

1000.00

Memo Item

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. Mike Rogers for Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Michael Dennis Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	6

Transaction ID : 04C2C312539DADB98B5

Amount of Each Disbursement this Period

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

Memo Item

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
2018 General

011

Category/
Type

Candidate Name

Jon Tester

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	6

Transaction ID : 401544B192365C25D66

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Montanans for Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Jon Tester

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	6

Transaction ID : 329AFAD816DCCD44B96

Amount of Each Disbursement this Period

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

Memo Item

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

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	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. Mullin for Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement
2016 General

011

Candidate Name

Markwayne Mullin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	6

Transaction ID : 78F80F6BBB1E10204F9

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Opportunity and Responsibility Restored in our Nation PAC

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Opportunity and Responsibility Restored in our Nation PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

Transaction ID : 10FCA24D0BB19CA787A

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Preserving America's Traditions (PATPAC)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Preserving America's Traditions (PATPAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	6

Transaction ID : 0DF98B1A1A08D190A6C

Amount of Each Disbursement this Period

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

Memo Item

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	5	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. Rightnow Women PAC

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
2016 Contribution

011

Candidate Name
Rightnow Women PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2016

Transaction ID : 5C861CE3D6FDB4462F1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rodney for Congress

Mailing Address PO Box 344

City State Zip Code
Taylorville IL 62568-0344

Purpose of Disbursement
2016 General

011

Candidate Name
Rodney Lee Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: IL District: 13

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2016

Transaction ID : E052E9D5DC0358CABCB

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rounds for Senate

Mailing Address PO Box 250

City State Zip Code
Pierre SD 57501-0250

Purpose of Disbursement
2020 Primary

011

Candidate Name
M. Michael Rounds

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) **Contribution**

State: SD District:

Date of Disbursement

MM / DD / YYYY
08 / 11 / 2016

Transaction ID : 47AE1660EA27D90892E

Amount of Each Disbursement this Period

2500.00

Memo Item

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. Sanford Bishop for Congress

Mailing Address PO Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Sanford D. Bishop Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 25 / 2016

Transaction ID : AB4AD32B50CB3F155C1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Save America PAC

Mailing Address 407 W. Jefferson

City Boise State ID Zip Code 83702

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Save America PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 11 / 2016

Transaction ID : 0141AA54552962A8215

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin for Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Tammy S. Baldwin

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 11 / 2016

Transaction ID : 15AD7B2EB67BBE22D71

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Terri Sewell for Congress

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Terri Andrea Sewell

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

Transaction ID : 52278F7340174342D0E

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Murphy for Congress

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Timothy Francis Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

Transaction ID : 5B6F1E2859A5EC06206

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Together Holding Our Majority PAC

Mailing Address PO Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Together Holding Our Majority PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	11	/	2016

Transaction ID : 6E636E2B24ED4A49795

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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

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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. Tony Cardenas for Congress

Mailing Address 249 E. Ocean Blvd. Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name

Tony Cardenas

Office Sought: House
 Senate
 President
State: CA District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 1FB08DAEAA1977F7FF5

Amount of Each Disbursement this Period

Memo Item

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

Memo Item

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

Memo Item

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

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