

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2013 through 07 / 31 / 2013

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

Type or Print Name of Treasurer Frank J Purcell

Signature of Treasurer Frank J Purcell [Electronically Filed] Date 09 / 19 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="355939.37"/>	<input type="text" value="355939.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="413835.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21558.37"/>	<input type="text" value="436105.92"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="435394.28"/>	<input type="text" value="792045.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="59500.00"/>	<input type="text" value="416151.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="375894.28"/>	<input type="text" value="375894.28"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	12402.23	288013.27
(ii) Unitemized	9156.13	141592.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	21558.36	429605.63
(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)	21558.36	429605.63
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	6500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.01	0.29
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))..... ▶	21558.37	436105.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21558.37	436105.92

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	8776.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	8776.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59500.00	401250.00
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	0.00
(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	0.00
29. Other Disbursements	0.00	6125.00
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)) ..	59500.00	416151.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59500.00	416151.01

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)	21558.36	429605.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21558.36	429605.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	8776.01
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	8776.01

**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 43
	<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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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)

A. Debra A A Barber
 Full Name (Last, First, Middle Initial)
 Mailing Address 834 Inspiration Way
 City Louisville State KY Zip Code 40245-3989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Triple Crown Anesthesia Occupation Nurse anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 05 / 2013
Transaction ID : 36373546
 Amount of Each Receipt this Period 50.00

B. John T Barlow
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 Holloman Dr
 City Fayetteville State NC Zip Code 28312-9245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Fear Valley Health System Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373547
 Amount of Each Receipt this Period 83.33

C. Mark M M Bjornstad
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 N Miller Dr
 City Moorhead State MN Zip Code 56560-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1095.00

Date of Receipt 07 / 05 / 2013
Transaction ID : 36373552
 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional).....▶	218.33
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 7 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Julie N N Bonom
 Full Name (Last, First, Middle Initial)
 Mailing Address 362 Hagaman Ln
 City Andersonville State TN Zip Code 37705-3422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Tennessee Occupation Associate Program Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373554
 Amount of Each Receipt this Period 350.00

B. Marci Arlia Burris
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Scott St Ste 202
 City Beaufort State SC Zip Code 29902-5554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaufort Memorial Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2013
Transaction ID : 36373556
 Amount of Each Receipt this Period 250.00

c. T'Any M Marye Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 3904 Bowser Ave
 City Dallas State TX Zip Code 75219-3701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lagrange Pain Medicine Doctors Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373558
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 385.00
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 43
	<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. Anthony J J Chipas
 Full Name (Last, First, Middle Initial)
 Mailing Address 907 Players Cir
 City Summerville State SC Zip Code 29485-6224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MUSC Medical Center Occupation Associate Professor Program Director A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : 36373560
 Amount of Each Receipt this Period
 85.00

B. Gram M M Cotton
 Full Name (Last, First, Middle Initial)
 Mailing Address N4762 600th St
 City Menomonie State WI Zip Code 54751-6566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Menomonie Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : 36373564
 Amount of Each Receipt this Period
 85.00

C. Dustin J J Degman
 Full Name (Last, First, Middle Initial)
 Mailing Address 4206 Legacy Oaks Pl
 City Asheville State NC Zip Code 28803-4596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Asheville Anesthesia Associates, P.A. Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : 36373568
 Amount of Each Receipt this Period
 85.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<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. Charles R R Elam IV

Mailing Address 1657 Monticello St

City Petersburg State VA Zip Code 23805-1335

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

Name of Employer Unknown Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2013

Transaction ID : 36373571

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. Kate Fry

Mailing Address 25 Massachusetts Ave NW Ste 550

City Washington State DC Zip Code 20001-1408

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

Name of Employer AANA Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **199.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 36373576

Amount of Each Receipt this Period
1.00

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

Mailing Address 25 Massachusetts Ave NW Ste 550

City Washington State DC Zip Code 20001-1408

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

Name of Employer AANA Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 36373577

Amount of Each Receipt this Period
1.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **37.00**

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 10 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Christine E Fultz

Mailing Address 7765 Woodlands Trl

City State Zip Code
 Chesterland OH 44026-3000

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

Name of Employer Occupation
 Cleveland Clinic CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 07 / 29 / 2013
Transaction ID : 36373580

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
B. Cheryl L Lynn Gamble

Mailing Address 11 E Bellamy Dr
 Carriage Run

City State Zip Code
 New Castle DE 19720-2979

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

Name of Employer Occupation
 pinnacle mid-atlantic anesthes CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1015.00

Date of Receipt
 07 / 17 / 2013
Transaction ID : 36373581

Amount of Each Receipt this Period
 85.00

Full Name (Last, First, Middle Initial)
C. Edward J Gaspar

Mailing Address 232 Kerby Rd

City State Zip Code
 Grosse Pointe Farms MI 48236-3129

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 07 / 05 / 2013
Transaction ID : 36373583

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robert J J Gauvin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Riverside Dr
 City Mattapoisett State MA Zip Code 02739-1445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ophthalmologists Plymouth Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2675.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373584
 Amount of Each Receipt this Period 208.33

B. Marjorie A 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 ▼ 1100.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373585
 Amount of Each Receipt this Period 100.00

C. Kimberly Anne Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 W 4th St Apt 1002
 City Winston Salem State NC Zip Code 27101-2884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Forest Baptist Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 22 / 2013
Transaction ID : 36373586
 Amount of Each Receipt this Period 250.00

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 12 OF 43
	<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. Mark Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 1376 Acworth Rd
 City Charlestown State NH Zip Code 03603-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Springfield Hospital Occupation Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373587
 Amount of Each Receipt this Period 84.00

B. Daniel M M Greenwald
 Full Name (Last, First, Middle Initial)
 Mailing Address 11094 2nd St
 City Mount Vernon State WA Zip Code 98273-7210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skakit Valley Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373588
 Amount of Each Receipt this Period 50.00

C. Tessa K Guevara
 Full Name (Last, First, Middle Initial)
 Mailing Address 6312 Barcelona Dr
 City Arlington State TX Zip Code 76016-5206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Star Anesthesia Solution Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373589
 Amount of Each Receipt this Period 182.50

SUBTOTAL of Receipts This Page (optional).....▶	316.50
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 13 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 1LT Lisa J J Haas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1394 Danville Blvd Apt 106
 City Alamo State CA Zip Code 94507-1965
 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 ▼ 500.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373590
 Amount of Each Receipt this Period 83.33

B. Marla J Hadeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 28814 Bass Blvd
 City Harlingen State TX Zip Code 78552-2124
 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 ▼ 365.00

Date of Receipt 07 / 21 / 2013
Transaction ID : 36373592
 Amount of Each Receipt this Period 365.00

C. Patti A 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 Alaska Regional Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373597
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 498.33
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 14 OF 43
	<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. Bruce A A Herr Jr
Full Name (Last, First, Middle Initial)

Mailing Address 4200 Cathedral Ave NW Apt 717

City Washington	State DC	Zip Code 20016-4934
--------------------	-------------	------------------------

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

Name of Employer MedStar Health - Wash Hosp Ctr	Occupation CRNA
--	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2013

Transaction ID : 36373599

Amount of Each Receipt this Period

85.00

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

Mailing Address 1861 E Audubon Blvd

City Lancaster	State OH	Zip Code 43130-9819
-------------------	-------------	------------------------

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

Name of Employer Pickaway Health Services	Occupation CRNA
--	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2013

Transaction ID : 36373602

Amount of Each Receipt this Period

170.00

C. Justin E E Howard
Full Name (Last, First, Middle Initial)

Mailing Address 1721 6th Ave N

City Menomonie	State WI	Zip Code 54751-2142
-------------------	-------------	------------------------

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

Name of Employer Essentia Health	Occupation CRNA
-------------------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **593.33**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : 36373606

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional).....▶	338.33
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 15 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kent Kosmatka
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 Sycamore St
 City Goodland State KS Zip Code 67735-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Professional Anesthesia Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 36373612
 Amount of Each Receipt this Period
 500.00

B. Steven R R Leach
 Full Name (Last, First, Middle Initial)
 Mailing Address 1049 Redfish St
 City Bayou Vista State TX Zip Code 77563-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Medical Br Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 05 / 2013
Transaction ID : 36373614
 Amount of Each Receipt this Period
 85.00

c. Denise Martin-Sheridan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 739
 1128 Leesome Lane
 City Altamont State NY Zip Code 12009-0739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Albany Medical College Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 36373616
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1085.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Shaun W Mendel

Mailing Address 7701 W Saint John Rd Apt 1176

City Glendale	State AZ	Zip Code 85308-0842
------------------	-------------	------------------------

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

Name of Employer student	Occupation SRNA
-----------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2013

Transaction ID : 36373620

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mindy K K Miller

Mailing Address 2014 SW Sage Cir

City Ankeny	State IA	Zip Code 50023-8210
----------------	-------------	------------------------

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

Name of Employer M & M Anesthesia LLC	Occupation nurse anesthetist
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **790.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : 36373622

Amount of Each Receipt this Period
85.00

Full Name (Last, First, Middle Initial)
C. Amy P Pfeil Neimkin

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 University of Alabama at Birmingham	Occupation CRNA
---	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1095.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2013

Transaction ID : 36373630

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<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. Sharon G 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 ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : 36373632
 Amount of Each Receipt this Period
 85.00

B. Cheryl L L Nimmo
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Aberdeen Rd
 City East Providence State RI Zip Code 02915-5002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Medicine Foundation in Prov Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : 36373633
 Amount of Each Receipt this Period
 100.00

C. John A A Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4225 Canterbury Ct
 City Jackson State MS Zip Code 39211-6205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Declined Occupation N/A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2013
Transaction ID : 36373634
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	215.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<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. David P P Rakey
Full Name (Last, First, Middle Initial)

Mailing Address 14 Fairway Dr

City Mount Vernon State IL Zip Code 62864-2621

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 ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : 36373648

Amount of Each Receipt this Period
 100.00

B. Lynn J J Reede
Full Name (Last, First, Middle Initial)

Mailing Address 787 Graceland Ave Unit 508

City Des Plaines State IL Zip Code 60016-8631

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

Name of Employer Aultman Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1016.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2013
Transaction ID : 36373650

Amount of Each Receipt this Period
 83.34

C. James A A Reynolds
Full Name (Last, First, Middle Initial)

Mailing Address 1102 Mayfield Cir NW

City Conover State NC Zip Code 28613-9368

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

Name of Employer Lafayette Surgicare Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : 36373655

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.67

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 19 OF 43
	<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. Lavonna K Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 9900 E 570 Rd
 City Catoosa State OK Zip Code 74015-6294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanders Nurse Anesthesia Services, Inc Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373658
 Amount of Each Receipt this Period 182.50

B. Rebecca M M Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 4204 Fawn Run
 City Medina State OH Zip Code 44256-6918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Hospital Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.42

Date of Receipt 07 / 30 / 2013
Transaction ID : 36373666
 Amount of Each Receipt this Period 30.42

C. Lawrence R 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 ▼ 210.00

Date of Receipt 07 / 08 / 2013
Transaction ID : 36373668
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 242.92
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 43
	<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. Sherry E E Sweargin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1698 E Seaport Ct
 City Boise State ID Zip Code 83706-6333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Medical Center Occupation Nurse Anesthetist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373672
 Amount of Each Receipt this Period 85.00

B. Neil L L 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 CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 17 / 2013
Transaction ID : 36373674
 Amount of Each Receipt this Period 83.33

C. Dina F Filomena Velocci
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Old Hickory Blvd Apt 3014
 City Nashville State TN Zip Code 37221-1413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VUMC Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 05 / 2013
Transaction ID : 36373675
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 218.33
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 21 OF 43
	<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. Jill A A Von Rothe
Full Name (Last, First, Middle Initial)

Mailing Address 12000 Market St Apt 202

City Reston State VA Zip Code 20190-5697

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 ▼ 243.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : 36373676

Amount of Each Receipt this Period
 60.83

B. Bruce A A Weiner
Full Name (Last, First, Middle Initial)

Mailing Address 9901 Emerald Links Dr

City Tampa State FL Zip Code 33626-2551

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

Name of Employer Florida Hospital Carrollwood Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2013
Transaction ID : 36373678

Amount of Each Receipt this Period
 85.00

C. Jason P P Whiteley
Full Name (Last, First, Middle Initial)

Mailing Address 12111 S 4th St

City Jenks State OK Zip Code 74037-4968

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

Name of Employer Whiteley Anesthesia Services, PC Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2013
Transaction ID : 36373682

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	229.16
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 43
	<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)

Full Name (Last, First, Middle Initial) A. Lisa K K Willey		Date of Receipt MM / DD / YYYY 07 / 17 / 2013 Transaction ID : 36373684
Mailing Address 50 Burkhart Rd		Amount of Each Receipt this Period 85.00
City Lowell	State OH	
Zip Code 45744-7360		Aggregate Year-to-Date ▼ 255.00
FEC ID number of contributing federal political committee. C		
Name of Employer Marietta Memorial Hospita	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lisa K K Willey		Date of Receipt MM / DD / YYYY 07 / 22 / 2013 Transaction ID : 36373685
Mailing Address 50 Burkhart Rd		Amount of Each Receipt this Period 85.00
City Lowell	State OH	
Zip Code 45744-7360		Aggregate Year-to-Date ▼ 340.00
FEC ID number of contributing federal political committee. C		
Name of Employer Marietta Memorial Hospita	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Linda R R Williams		Date of Receipt MM / DD / YYYY 07 / 17 / 2013 Transaction ID : 36373686
Mailing Address PO Box 2004 127 Gilead St		Amount of Each Receipt this Period 83.33
City Shady Spring	State WV	
Zip Code 25918-2004		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer East-West Anesthesia Services	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	253.33
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 43
	<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. Sara Hulett Yarrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 River Lights Ln
 City Memphis State TN Zip Code 38103-8928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Jude Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **590.00**

Date of Receipt **07 / 08 / 2013**
Transaction ID : 36373687
 Amount of Each Receipt this Period **300.00**

B. Christopher K K Bartels
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Carriage Dr
 City Bethany State CT Zip Code 06524-3371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANESTHESIA ASSOCIATES OF NEW HAVEN PC Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 29 / 2013**
Transaction ID : 36373694
 Amount of Each Receipt this Period **100.00**

C. Dan B Breckenridge
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 N Graham St
 City Memphis State TN Zip Code 38122-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shelby Anesthesia Services Occupation co-owner, CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **980.00**

Date of Receipt **07 / 29 / 2013**
Transaction ID : 36373697
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **380.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 24 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ronald R Castaldo
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Farm Meadows Ln
 City Hockessin State DE Zip Code 19707-3400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliance Anesthesia Associates Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 26 / 2013
Transaction ID : 36373701
 Amount of Each Receipt this Period 250.00

B. Judy A Courtney
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Wandering Oaks Ln
 City Hattiesburg State MS Zip Code 39401-8769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Glendive Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2013
Transaction ID : 36373703
 Amount of Each Receipt this Period 250.00

c. Charles A Griffis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1237 Carmona Ave
 City Los Angeles State CA Zip Code 90019-2531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA Health System Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 915.00

Date of Receipt 07 / 30 / 2013
Transaction ID : 36373714
 Amount of Each Receipt this Period 100.00

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 25 OF 43
	<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. Donna M M Jasinski		Date of Receipt
Mailing Address 6205 Waterway Dr		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Falls Church State VA Zip Code 22044-1313		Transaction ID : 36373719
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Georgetown Occupation Assist. Prof. Prog. Dir.		<input type="text" value="5.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="255.00"/>	

Full Name (Last, First, Middle Initial) B. Donna M Karczewski		Date of Receipt
Mailing Address 226 E Treehaven Rd		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Cheektowaga State NY Zip Code 14215-1411		Transaction ID : 36373720
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer State University of New York at Buffal Occupation CRNA		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Kent Kosmatka		Date of Receipt
Mailing Address 210 Sycamore St		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Goodland State KS Zip Code 67735-1516		Transaction ID : 36373723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Professional Anesthesia Occupation CRNA		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="355.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 43
	<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. Eileen P Marcet
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 W Gunnison Apt 3W
 City Chicago State IL Zip Code 60640-4258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Chicago Medical Center Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2013
Transaction ID : 36373728
 Amount of Each Receipt this Period
250.00

B. Dr. John C Preston
 Full Name (Last, First, Middle Initial)
 Mailing Address 554 W Rosiland Dr
 City Palatine State IL Zip Code 60074-1093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AANA Occupation Developer
 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
 07 / 30 / 2013
Transaction ID : 36373739
 Amount of Each Receipt this Period
250.00

c. John K Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Georgetown Ct
 City Macon State GA Zip Code 31210-3076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center of Central Georgia Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2013
Transaction ID : 36373743
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
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 27 OF 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Deirdra D Diane Scanlon			Date of Receipt
Mailing Address PO Box 1274			<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 36373744
Lewisburg	WV	24901-4274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="25.00"/>
Name of Employer	Occupation		
Greenbrier Valley Medical Cent	CRNA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="207.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Joel J Schretenthaler			Date of Receipt
Mailing Address 2320 Gun and Rod Cir			<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 36373745
Brenham	TX	77833-5950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="500.00"/>
Name of Employer	Occupation		
US Army's Grad Prog. in Anes. Nursing	CRNA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. William L Seal			Date of Receipt
Mailing Address 8252 Doyle Dr			<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 36373746
Sylvania	OH	43560-4502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="355.00"/>
Name of Employer	Occupation		
East River Anesthesia Services Inc.	CRNA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="355.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="880.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 43
	<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. Arthur F Stone Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 15473 NW Bodiford Rd
 City Altha State FL Zip Code 32421-2801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A.F. Stone, INC. Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2013
Transaction ID : 36373749
 Amount of Each Receipt this Period
 250.00

B. Michael R Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1228 Westloop Pl
 City Manhattan State KS Zip Code 66502-2840
 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 ▼ 415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : 36373750
 Amount of Each Receipt this Period
 50.00

C. Lara A A Barrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 7510 Evergreen Way
 City Georgetown State IN Zip Code 47122-9086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACE Anesthesiology Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2013
Transaction ID : 36373752
 Amount of Each Receipt this Period
 200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Werner H Beckerhoff

Mailing Address 5410 Colibri Pl

City Farmington State NM Zip Code 87402-0983

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

Name of Employer Northern Navajo Medical Center Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2013

Transaction ID : 36373753

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Nicholas A Blanck

Mailing Address 801 Briarwood Ct

City Sewell State NJ Zip Code 08080-3507

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

Name of Employer Requested Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2013

Transaction ID : 36373757

Amount of Each Receipt this Period
200.00

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

Mailing Address 1913 N Frederic St

City Wichita State KS Zip Code 67206-8904

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

Name of Employer Galihia Heart Hospital Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2013

Transaction ID : 36373758

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **500.00**

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 30 OF 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Donnell Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Arbutus St Apt 3
 City State Zip Code
 Dorchester Center MA 02124-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New England Pain Management Consultant CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2013
Transaction ID : 36373759
 Amount of Each Receipt this Period
 200.00

B. Phyllis B Kantor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2992 Sun Lake Dr
 City State Zip Code
 Las Vegas NV 89128-7713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United Health Group Nurse Anesthetist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2013
Transaction ID : 36373765
 Amount of Each Receipt this Period
 200.00

C. John J McFadden
 Full Name (Last, First, Middle Initial)
 Mailing Address 922 N 13th Ter
 City State Zip Code
 Hollywood FL 33019-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Barry University CRNA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2013
Transaction ID : 36373767
 Amount of Each Receipt this Period
 200.00

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 31 OF 43
	<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. Tom L McKibban		Date of Receipt
Mailing Address 3650 N Main St		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
El Dorado	KS	67042-8474
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 36373768
Name of Employer	Occupation	Amount of Each Receipt this Period
Butler County Anesthesia Services	CRNA	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) B. Cheryl L L Nimmo		Date of Receipt
Mailing Address 26 Aberdeen Rd		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
East Providence	RI	02915-5002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 36373769
Name of Employer	Occupation	Amount of Each Receipt this Period
University Medicine Foundation in Prov	CRNA	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) C. Danette J Plautz		Date of Receipt
Mailing Address 9020 Pettit Dr		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Highland	IN	46322-2154
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 36373770
Name of Employer	Occupation	Amount of Each Receipt this Period
Great Lakes Anesthesia	CRNA	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 43
	<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. Donna M Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Amity Rd
 City Woodbridge State CT Zip Code 06525-1207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford Surgical Center Occupation CRNA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2013
Transaction ID : 36373771
 Amount of Each Receipt this Period
 200.00

B. Arthur B Wolover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1118 Layman Dr
 City Jonesboro State AR Zip Code 72404-9095
 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 ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2013
Transaction ID : 36373772
 Amount of Each Receipt this Period
 200.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	12402.23

**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. Collins for Senator

Mailing Address P.O. Box 1096
186 Exchange Street

City Bangor State ME Zip Code 04402-1096

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Susan Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : 36253772

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Udall For Colorado

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Mark Emery Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : 36253773

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Michael Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : 36253775

Amount of Each Disbursement this Period

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

Candidate Contribution

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	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. ERIC PAC

Mailing Address 209 Pennsylvania Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Annual Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36253892

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Category/Type

Rep. Cathy McMorris Rodgers

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36254161

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Progressive Choices PAC

Mailing Address PO Box 58

City Evanston State IL Zip Code 60204

Purpose of Disbursement Annual Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36255486

Amount of Each Disbursement this Period

1000.00

Annual Contribution

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

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. OrrinPAC

Mailing Address PO Box 1480

City Washington State DC Zip Code 20013

Purpose of Disbursement Annual Contribution

011

Candidate Name

OrrinPAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : 36256212

Amount of Each Disbursement this Period

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

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Lucille Roybal-Allard For Congress

Mailing Address 601 S Glenoaks Blvd Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Lucille Roybal-Allard

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : 36257288

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : 36258936

Amount of Each Disbursement this Period

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

Candidate Contribution

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jeff Fortenberry For United States Congress

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jeff Fortenberry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36258942

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Sam Johnson

Mailing Address P.O. Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Sam Robert Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36258944

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Kevin Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36258947

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Barbara Lee For Congress

Mailing Address 449 Fifteenth Street
Suite 403

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Barbara Lee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : 36258948

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Rodney For Congress

Mailing Address PO Box 344

City State Zip Code
Taylorville IL 62568

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rodney Davis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : 36258949

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tim Scott For Congress

Mailing Address 1405 Ashley River Road

City State Zip Code
Charleston SC 29407

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Timothy Scott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	3

Transaction ID : 36258950

Amount of Each Disbursement this Period

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

Candidate Contribution

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

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

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0

4	5	0	0	0	0	0	0	0	0
4	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. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address PO BOX 83142

City State Zip Code
GAITHERSBURG MD 20883

Purpose of Disbursement
Annual Contribution

011

Candidate Name

DEMOCRATS WIN SEATS (DWS PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36258951

Amount of Each Disbursement this Period

1000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Comm.

Mailing Address 36 Atwater Ter

City State Zip Code
Springfield MA 01107

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Richard E. Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36258952

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Nebraska Joint Victory Fund

Mailing Address 228 S WASHINGTON STREET
#115

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
Joint Fundraising Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36258954

Amount of Each Disbursement this Period

2500.00

Joint Fundraising Contribution

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Fearless PAC

Mailing Address 1919 14TH STREET
SUITE 707

City BOULDER State CO Zip Code 80302

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Fearless PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36258955

Amount of Each Disbursement this Period

2000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Rely On Your Beliefs PAC

Mailing Address 1736 East Sunshine, #913

City Springfield State MO Zip Code 65804

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : 36258956

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address c/o Erickson & Co., 38 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279836

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. David Lee Camp

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279841

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Hawkeye PAC

Mailing Address PO BOX 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
Annual Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279845

Amount of Each Disbursement this Period

1500.00

Annual Contribution

Full Name (Last, First, Middle Initial)

C. Tim Walz For Us Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Timothy Walz

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279848

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Yarmuth For Congress

Mailing Address 1815 Brownsboro Road

City State Zip Code
Louisville KY 40202

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John A. Yarmuth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279854

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City State Zip Code
Iowa City IA 52244

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. David Wayne Loeb sack

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279858

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279863

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Heartland Values PAC

Mailing Address P O Box 505

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement Annual Contribution

011

Candidate Name

Heartland Values PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279865

Amount of Each Disbursement this Period

2500.00

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Ruben Hinojosa for Congress

Mailing Address 1404 South Illinois

City Mercedes State TX Zip Code 78570

Purpose of Disbursement Candidate Contribution

011

Candidate Name

Ruben Hinojosa

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TX District: 15

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279868

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC

Mailing Address 213 Ashby St.

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Annual Contribution

011

Candidate Name

Majority Committee PAC

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 26 / 2013

Transaction ID : 36279872

Amount of Each Disbursement this Period

2500.00

Annual Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Oceans PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Annual Contribution

Category/
Type

Candidate Name

Oceans PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 36279873

Amount of Each Disbursement this Period

Annual Contribution

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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