

**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)

10275 W. Higgins Rd

Suite 500 - c/o Finance Department

Rosemont

IL

60018

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00173153

3. IS THIS
REPORT

☒

NEW
(N)

OR

☐

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
08 01 2026

through

M M / D D / Y Y Y Y Y Y
08 31 2026

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

Bruce, Bill, , ,

Signature of Treasurer

Bruce, Bill, , ,

Date

M M / D D / Y Y Y Y Y Y
09 17 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 08 / 01 / 2026 To: M M / D D / Y Y Y Y Y 08 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		1860294.11
(b) Cash on Hand at Beginning of Reporting Period.....	2011085.80	
(c) Total Receipts (from Line 19)	120516.90	737299.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2131602.70	2597593.36
7. Total Disbursements (from Line 31)	22435.82	488426.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2109166.88	2109166.88
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y
08 01 2026

To:

M M / D D / Y Y Y Y
08 31 2026

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).....	78252.79	525305.55
(ii) Unitemized	42264.11	211993.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	120516.90	737299.25
(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)	120516.90	737299.25
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))	120516.90	737299.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	120516.90	737299.25

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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.....	17000.00	461375.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	435.82	852.48
(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)).....	435.82	852.48
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	26199.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	22435.82	488426.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22435.82	488426.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	120516.90	737299.25
34. Total Contribution Refunds (from Line 28(d))	435.82	852.48
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	120081.08	736446.77
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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abarca, Victor, , ,

Mailing Address 245 Trent Rd

City
WynnewoodState
PAZip Code
19096-3219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Professional Anesthesia Services of NoOccupation (for Individual)
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
08 / 22 / 2026

Transaction ID : 46CCA22DE79CD0ACDCD

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Abraham, Bibin, , ,

Mailing Address 9802 Romo St

City
IrvingState
TXZip Code
75063-0051FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parkland Health & Hospital SystemOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 4F60AC06A3AAFB489CAD

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Abuchowski, Herman, Samuel, ,

Mailing Address 290 Pittstown Rd

City
PittstownState
NJZip Code
08867-4156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Specialists of Bethlehem, POccupation (for Individual)
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
08 / 12 / 2026

Transaction ID : 4B199192875CA3B9FF51

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.82

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 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adenusi, Bimpe, Z, ,

Mailing Address 435 W Brookhaven Rd

City
BrookhavenState
PAZip Code
19015-1801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jefferson College of NursingOccupation (for Individual)
Program Administrator/ Division Chief

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 4D7488D8C477F7316A12

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Adkins, Ashleigh, R, ,

Mailing Address 55 Left Fork Buffalo Crk

City
West HamlinState
WVZip Code
25571-7683FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent 1099Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2026

Transaction ID : 465EB452D56A3ACA9F1D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Adley, Caitlyn, , ,

Mailing Address 25003 S Lakestar Dr

City
Sun LakesState
AZZip Code
85248-7480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Preferred Anesthesia SolutionsOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2026

Transaction ID : 4C958230BEE310D97DF0

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

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

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

FOR LINE NUMBER: PAGE 8 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ahrens, Nicole, , ,

Mailing Address 1521 Sumter Ct

City
Long Grove

State
IL

Zip Code
60047-5155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Private Anesthesia Group

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

08 / 07 / 2026

Transaction ID : 4CC79CCD219DC1D64CD5

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aldrich, Kevin, Anthony, ,

Mailing Address 6337 W Vine Ct

City
Visalia

State
CA

Zip Code
93291-8479

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Elite Team Anesthesia and Psychiatry

Occupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

08 / 30 / 2026

Transaction ID : 49BDA7C04E0FD7C43426

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ambrose, Theodore, J, ,

Mailing Address 48 Alexis Dr

City
Bloomsburg

State
PA

Zip Code
17815-7718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisinger Health System

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1416.64

Date of Receipt

08 / 16 / 2026

Transaction ID : 4D4AA0303CF98D851815

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

216.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ambrose, Theodore, J, ,

Mailing Address 48 Alexis Dr

City
BloomsburgState
PAZip Code
17815-7718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisinger Health SystemOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2026**Transaction ID : 4C4381739026F2A7513C**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Andersen, Jennifer, S, ,

Mailing Address 1000 Boyd Ave

City
MidlandState
TXZip Code
79705-8704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2373.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026**Transaction ID : 4C913EC5B1D3472499DB**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Anderson, Michael, J, ,

Mailing Address 1525 Poplar Ln

City
North LibertyState
IAZip Code
52317-4744FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heartland Anesthesia & ConsultingOccupation (for Individual)
Chief Operating Officer / Certified Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2141.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026**Transaction ID : 4D0BAEC8B2E55A2AE146**

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

316.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anderson, Tyler, John, ,

Mailing Address 25 Schoolside Dr

City
Scott TownshipState
PAZip Code
18433-9761FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisinger Wyoming ValleyOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026**Transaction ID : 4C7FA868C379B9D14655**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Andrews, Porsha, , ,Mailing Address 19401 W Dixie Hwy
Apt 803City
AventuraState
FLZip Code
33180-3619FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PA Anesthesia LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2026**Transaction ID : 4C0F939639A50E2C79C8**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Anshutz, Christopher, S, ,

Mailing Address 1908 SW 9th St

City
NewcastleState
OKZip Code
73065-5819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VAMCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026**Transaction ID : 43C5BCF534C190B7257E**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

263.74

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 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ardizzone, Laura, L., ,

Mailing Address 480 Main St
Apt 3D

City
New York

State
NY

Zip Code
10044-0406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MSK

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.64

Date of Receipt

08 / 27 / 2026

Transaction ID : 462FA2F2A4F72C85B137

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ariza, Suzanne, M., ,

Mailing Address 225 Heyburn Rd

City
Chadds Ford

State
PA

Zip Code
19317-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services PA

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 42B6A8F365584323276B

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Armstrong, Jennifer, , ,

Mailing Address 5311 S 190th St

City
Omaha

State
NE

Zip Code
68135-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHI Health Creighton University Medica

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.75

Date of Receipt

08 / 30 / 2026

Transaction ID : 47748664E5F784851921

Amount of Each Receipt this Period

91.25

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

204.99

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

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

FOR LINE NUMBER: PAGE 12 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ashlock, Becky, J, ,

Mailing Address 7207 Brooke Dr

City
Colleyville

State
TX

Zip Code
76034-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Davis

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 24 / 2026

Transaction ID : 6AF32CB085CE46E48E79

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ashton, Christopher, M, ,

Mailing Address 1011 Rosa L Parks Blvd

City
Nashville

State
TN

Zip Code
37208-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cardiovascular Anesthesiologists

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

08 / 25 / 2026

Transaction ID : F36D0CCDA03C4C52BA12

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Austin, Christina, , ,

Mailing Address 4545 Sloewood Dr

City
Mount Dora

State
FL

Zip Code
32757-7226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia Partners

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 25 / 2026

Transaction ID : 49CF8D6F11B727FC50C9

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

305.41

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 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Austin, Robert, James, , III

Mailing Address 7 Bayou Ct

City
Roswell

State
NM

Zip Code
88201-3478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mjolnir Anesthesia, LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 14 / 2026

Transaction ID : 4439A7352F96568A4599

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Awai, Michael, SK, ,

Mailing Address 12345 Gately Ridge Ct

City
Jacksonville

State
FL

Zip Code
32225-5842

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advent Palm Coast

Occupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 10 / 2026

Transaction ID : 4B5B83D26F412D2880AE

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baghai, Ali, James, ,

Mailing Address 15231 N 45th Pl

City
Phoenix

State
AZ

Zip Code
85032-4840

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arizona Anesthesia Solutions

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

616.66

Date of Receipt

08 / 23 / 2026

Transaction ID : 4ACD8B5F4700436C32B2

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

408.33

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

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

FOR LINE NUMBER: PAGE 14 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bagwill, Katy, E, ,

Mailing Address 1200 Cooke St

City
Nocona

State
TX

Zip Code
76255-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KB Anesthesia, PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

08 / 24 / 2026

Transaction ID : 431694403D0FD524DE09

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Baird, Brett, Daniel, ,

Mailing Address 2121 N 92nd St

City
Lincoln

State
NE

Zip Code
68505-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists PC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 17 / 2026

Transaction ID : 438192C12678CD6988E5

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baker, Lisa, C, ,

Mailing Address 1017 Foxcroft Cir SW

City
Rochester

State
MN

Zip Code
55902-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MercyOne North Iowa

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 18 / 2026

Transaction ID : 4D9A916D1D1F8E7B8339

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ballister, Michele, Marie, ,

Mailing Address 3616 Billings St

City
Mount PleasantState
SCZip Code
29466-6888FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthstarOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2026

Transaction ID : 462DB51A9FACAF4D5744

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Banek, Jennifer, L, ,

Mailing Address 1210 E Park Ave

City
LibertyvilleState
ILZip Code
60048-2955FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 408CA9CD5D551CF1BA79

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Baray, Michael, Anthony, ,

Mailing Address 13381 Eton Pl

City
Santa AnaState
CAZip Code
92705-2117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GABA Nursing Anesthesia IncOccupation (for Individual)
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
08 / 22 / 2026

Transaction ID : 423186CAD9D06EB5EC27

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

266.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barbosa, Juliano, , ,

Mailing Address 39 Magill Dr

City
GraftonState
MAZip Code
01519-1324FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boaventura Anesthesia PLLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026**Transaction ID : A748ADA852314D07A093**

Amount of Each Receipt this Period

260.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barker, Natalie, Elizabeth, ,

Mailing Address 10760 Nollwood Dr

City
ChardonState
OHZip Code
44024-9776FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University HospitalsOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2026**Transaction ID : 411297BFE0A7E6334BB8**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barnwell, Lloyd, Harold, , III

Mailing Address 10306 Seatoncroft Ct

City
MechanicsvilleState
VAZip Code
23116-5146FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Commonwealth University & HeaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2026**Transaction ID : 4C499A382F6F2E9B2882**

Amount of Each Receipt this Period

30.41

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

320.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Basnet, Alish, R, ,

Mailing Address 8010 Blue Stream Dr

City
ElkridgeState
MDZip Code
21075-8158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent locum agencyOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : 4025B55C7D8BBE89638F

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bassett, Ann, M, ,

Mailing Address 54 Woodlawn Rd

City
New LondonState
CTZip Code
06320-2935FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Medical Group- Yale New HaveOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : 4F3FAA1B920879105907

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bauer, Jason, R, ,

Mailing Address 2925 Bryer Ridge Ct

City
MurrysvilleState
PAZip Code
15632-9394FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMCOccupation (for Individual)
Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 4102B0385DDC3FD73EC3

Amount of Each Receipt this Period

10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

190.41

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

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

FOR LINE NUMBER: PAGE 18 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bauer, Jason, R, ,

Mailing Address 2925 Bryer Ridge Ct

City
Murrysville

State
PA

Zip Code
15632-9394

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC

Occupation (for Individual)
Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

08 / 18 / 2026

Transaction ID : BB4E7981F6A34BF094FB

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Baxter, Amber, Davis, ,

Mailing Address 8836 Ebenezer Oaks Ln

City
Knoxville

State
TN

Zip Code
37922-1468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childrens Anesthesiologists PC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 478F8F41C3D2E5088E93

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bazil, Chase, , ,

Mailing Address 348 W 90 S

City
Salem

State
UT

Zip Code
84653-9158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Canyon Crest Anesthesia, LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 31 / 2026

Transaction ID : 4915B7D4028692630BFB

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

260.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Becker, Joshua, D, ,

Mailing Address 801 Fairway Ave

City
OneillState
NEZip Code
68763-2254FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Avera St Anthonys HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 4972B9CB4AF22C331133

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bedrock, Christine, A, ,

Mailing Address 9 Orchard Dr

City
RandolphState
NJZip Code
07869-2733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Summit HealthOccupation (for Individual)
CRNA staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 4C3AAC6B0D4B7D3546B4

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beeman, Donald, T, ,

Mailing Address 129 Creekspath Dr

City
AzleState
TXZip Code
76020-1377FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Invicta AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 4825989FA3114CA5475F

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.82

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

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

FOR LINE NUMBER: PAGE 20 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bell, Lindsey, Hunter, ,

Mailing Address 8045 Westwood Cir

City
Ocean Springs

State
MS

Zip Code
39564-4077

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LBell Anesthesia Solutions, PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

08 / 07 / 2026

Transaction ID : A4B76CC0D3174E5E8F70

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bennett, Alexis, Jameka Tashe, ,

Mailing Address 5361 Greenwich Cir

City
Upper Marlboro

State
MD

Zip Code
20772-4862

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-employed

Occupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 16 / 2026

Transaction ID : FEE20E055A964F3D8324

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Benson, Andrew, , ,

Mailing Address 20 Willow Ave

City
Towson

State
MD

Zip Code
21286-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns Hopkins University

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 01 / 2026

Transaction ID : 467B8228AD02CB2C8874

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.41

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

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

FOR LINE NUMBER: PAGE 21 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benson, Cheryl, M., ,

Mailing Address 226 Shamrock Dr

City
Mahtomedi

State
MN

Zip Code
55115-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMPhysicians

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

08 / 21 / 2026

Transaction ID : 43CEA9888C45D1BBCB95

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Berlioz, Deana, , ,

Mailing Address 6228 Longridge Ave

City
Van Nuys

State
CA

Zip Code
91401-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cedars-Sinai

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

08 / 15 / 2026

Transaction ID : 8145E751413A4AD698B0

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Berry, Dee, A., ,

Mailing Address 31199 M 152

City
Dowagiac

State
MI

Zip Code
49047-9054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corewell Health South

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

808.32

Date of Receipt

08 / 18 / 2026

Transaction ID : 23B7382561034A5C97EF

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

416.25

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

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

FOR LINE NUMBER: PAGE 22 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Berry, Dee, A, ,

Mailing Address 31199 M 152

City
Dowagiac

State
MI

Zip Code
49047-9054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corewell Health South

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.32

Date of Receipt

08 / 24 / 2026

Transaction ID : 40ECB1F716753FF0E137

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bertoncini, Kristen, K, ,

Mailing Address 11810 Bisonte St

City
Needville

State
TX

Zip Code
77461-8382

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 15 / 2026

Transaction ID : 461E9291D7BE4C28AF1F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beyerlein, Robert, Alan, ,

Mailing Address 1427 Hazy Falls Blvd

City
Westfield

State
IN

Zip Code
46074-7858

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hancock Regional Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 23 / 2026

Transaction ID : 4ED3BF7B460F0EEEDAF5

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

416.66

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

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

FOR LINE NUMBER: PAGE 23 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bias, Lee, A, ,

Mailing Address 56 Morris Ter

City
Culloden

State
WV

Zip Code
25510-9050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.97

Date of Receipt

08 / 26 / 2026

Transaction ID : 409886BE8E1105B74622

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bishop, Harold, , ,

Mailing Address 103 Sage Ln

City
Lufkin

State
TX

Zip Code
75904-6304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emergenc Health

Occupation (for Individual)

nurse anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 21 / 2026

Transaction ID : 4B249BEBC1F84ED50B06

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bitz, Sean, Kevin, ,

Mailing Address 2505 N Prettyman Pl

City
West Terre Haute

State
IN

Zip Code
47885-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Clinical Colleagues, Inc.

Occupation (for Individual)

Certified Registered Nurse Anesthesiol

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 19 / 2026

Transaction ID : 4A3B896A6FA7A0A052C7

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

488.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Black, Levi, C, ,

Mailing Address 1301 Meadow View Pl

City
Show LowState
AZZip Code
85901-6503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOPAZ Anesthesia, llcOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2026

Transaction ID : 449CA38EABC6295640BD

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blair, Samara, Lee, ,

Mailing Address 4734 S Drexel Blvd # 1N

City
ChicagoState
ILZip Code
60615-1790FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LocumsOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2026

Transaction ID : 88DBA749F7C044BDB9E5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Blanco, Taylor, Lynn, ,Mailing Address 5204 Reserve Blvd
Apt 103, Apt 103City
JonesboroState
ARZip Code
72405-8302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Bernard_sOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2026

Transaction ID : 4581925C457F5BB6F882

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1141.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Blanco, Taylor, Lynn, ,Mailing Address 5204 Reserve Blvd
Apt 103, Apt 103City
JonesboroState
ARZip Code
72405-8302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Bernard_s

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026**Transaction ID : 208BAFFD66B741B5AE8B**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bledsoe, Deborah, E, ,

Mailing Address 5483 Fireweed Loop

City
HelenaState
MTZip Code
59602-8694FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Peters Health

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026**Transaction ID : 4C138937C7B07A105D29**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Blount, Jeremy, Paul, ,Mailing Address 515 S Mangum St
Apt 5140City
DurhamState
NCZip Code
27701-4389FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UAB Medicine, LLC

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2026**Transaction ID : 40319B5B415AA367B246**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

138.74

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Blythe, Ashley, N, ,

Mailing Address 4140 N Lavergne Ave

City
ChicagoState
ILZip Code
60641-1713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthstarOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 4DE89E6BEDF68EEE3D96

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bochinski, Mary, Frances-Louise, ,

Mailing Address 16320 E Bedford St

City
SouthfieldState
MIZip Code
48076-2266FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : 4E0ABCBF556FE7D26C79

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bochinski, Mary, Frances-Louise, ,

Mailing Address 16320 E Bedford St

City
SouthfieldState
MIZip Code
48076-2266FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1026.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 9751DE5AFE314F97AE1D

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

176.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boesi, Chad, Allan, ,Mailing Address 9221 E Baseline Rd
Ste 109City
MesaState
AZZip Code
85209-8314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed IC

Occupation (for Individual)

Nurse Anesthesiologist CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : 43EDB27239986BF0C665

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boettger, Diane, O, ,Mailing Address 106 Moonlight Ct
(Municipality of Murrysville)

City

Monroeville

State
PAZip Code
15146-2058FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

BPW Medical

Occupation (for Individual)

Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : 4AE3BA1CF7A1DB7E370E

Amount of Each Receipt this Period

31.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bohannon, Holly, R, ,

Mailing Address 12688 Miller Church Rd

City

Bentonville

State
ARZip Code
72712-9041FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bohannon Anesthesia Services PLLC

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 444791C273AD992273B8

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

144.99

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 28 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boice, Stephanie, , ,

Mailing Address 603 Green St

City
Hartsville

State
SC

Zip Code
29550-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vital Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

08 / 11 / 2026

Transaction ID : 4EE692F16A63DDEEBB76

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boles, Edgar Ted, H, ,

Mailing Address 742 W Buena Ave
Apt 1E

City
Chicago

State
IL

Zip Code
60613-0072

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EHB3 Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2441.64

Date of Receipt

08 / 24 / 2026

Transaction ID : 45B1B3D6E91241AB69D5

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bolte, Jena, Michelle, ,

Mailing Address 280 Deer Creek Dr

City
Amelia

State
OH

Zip Code
45102-2681

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Good Samaritan Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

849.96

Date of Receipt

08 / 13 / 2026

Transaction ID : 464EAD7B1755DCB878E0

Amount of Each Receipt this Period

2.08

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

168.74

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 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bonds, Raymond, Lemar, ,

Mailing Address 1753 Manassas Dr

City
Charleston

State
SC

Zip Code
29414-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent Contractor

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.69

Date of Receipt

08 / 01 / 2026

Transaction ID : 7EC372E9F3514BFE81D4

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bonds, Raymond, Lemar, ,

Mailing Address 1753 Manassas Dr

City
Charleston

State
SC

Zip Code
29414-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent Contractor

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.69

Date of Receipt

08 / 15 / 2026

Transaction ID : 46298A63914FD3B9B117

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bonfoey, Nicole, C, ,

Mailing Address 2535 Riversong Ct

City
Fairbanks

State
AK

Zip Code
99709-2599

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Foundation health

Occupation (for Individual)
nurse anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 30 / 2026

Transaction ID : 479098551C8813006577

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

85.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bonnema, Jacob, Alan, ,Mailing Address 3530 N Lake Shore Dr
Unit 11B, Apt 11BCity
ChicagoState
ILZip Code
60657-1837FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vivant AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1609.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : EA7545CEBD0C4DB19F80

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bonnet, Leslie, E, ,

Mailing Address 258 River Watch Dr

City
SoldotnaState
AKZip Code
99669-7354FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Peninsula HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2026

Transaction ID : 48ED907263E8126273CB

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Borbely, Heather, M, ,

Mailing Address 267 Riverside Dr N

City
BrickState
NJZip Code
08724-1807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PPEOccupation (for Individual)
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
08 / 31 / 2026

Transaction ID : FFAE5803979D4F4BB945

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

140.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boswell, Nicole, B, ,

Mailing Address 900 SW Finch Way

City
PullmanState
WAZip Code
99163-5827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TNUOC.PLLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 4BC88282D8036123D0EB

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boulette, Elizabeth, N, ,

Mailing Address 11344 Penanova St

City
San DiegoState
CAZip Code
92129-1028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DHAOccupation (for Individual)
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
08 / 03 / 2026

Transaction ID : ADD54BABBD124922AA3F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bourgeois, Robert, Scott, ,

Mailing Address 7707 New Forest Ln

City
Sugar LandState
TXZip Code
77479-4857FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
H3 Anesthesia, PLLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2026

Transaction ID : 4BB4A0FF7722712BDAB5

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

416.66

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

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

FOR LINE NUMBER: PAGE 32 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bourget, Christopher, Daniel, ,

Mailing Address 506 N R and R Dr

City
Okawville

State
IL

Zip Code
62271-2155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aasi

Occupation (for Individual)

Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 30 / 2026

Transaction ID : 4166BC0A887C13018841

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bowers, Nicolas, Richard, ,

Mailing Address 1679 Prairiewood Ct

City
Otsego

State
MI

Zip Code
49078-9321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Trinity Health Grand Rapids

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 15 / 2026

Transaction ID : 4607960C354C533AADCA

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Box, Ian, , ,

Mailing Address 22 Via Toscana

Apartment 524W, Unit 524W

City
Salem

State
NH

Zip Code
03079-3697

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Brigham and women's hospital

Occupation (for Individual)

Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 07 / 2026

Transaction ID : 417898C6625373AD2022

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

174.99

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

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

FOR LINE NUMBER: PAGE 33 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boyd, Don, , ,

Mailing Address 3228 Tibbett Ave

City
Bronx

State
NY

Zip Code
10463-3801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New York Presbyterian Hospital

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2041.65

Date of Receipt

08 / 22 / 2026

Transaction ID : 48CF8065FB2F5F0BA938

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bozelka, Jessie, , ,

Mailing Address 562 MD Cir

City
Hamilton

State
MT

Zip Code
59840-9255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TNAG

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 05 / 2026

Transaction ID : 4B27ACB4C9E13CD99509

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bradley, Mitchell, R, ,

Mailing Address 1269 E Maple Rd

City
Birmingham

State
MI

Zip Code
48009-6567

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
M Bradley LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 26 / 2026

Transaction ID : 47A799AE3C19C536B441

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

338.74

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

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

FOR LINE NUMBER: PAGE 34 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Branch, Myra, Kellam, ,

Mailing Address 725 Old Hunt Way

City
Herndon

State
VA

Zip Code
20170-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStar Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1193.28

Date of Receipt

08 / 01 / 2026

Transaction ID : 4482B920A65BF35D1DE6

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brauneck, Tyler, Jacob, ,

Mailing Address 16514 Loma Lndg

City
Helotes

State
TX

Zip Code
78023-3409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brauneck Anesthesia PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 24 / 2026

Transaction ID : 47579E3116CFB021188B

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brenart, Heather, , ,

Mailing Address 5671 Schmidt Ln

City
Yorkville

State
IL

Zip Code
60560-9074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwestern Memorial

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 24 / 2026

Transaction ID : 4C96842CD9F1A36F4574

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.23

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 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brennan, Hillary, Diane, ,

Mailing Address 576 Patchett St

City
Napa

State
CA

Zip Code
94559-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Anesthesia Services, Inc.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1975.00

Date of Receipt

08 / 22 / 2026

Transaction ID : 4C19BF721CCAF34FAF4F

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bridwell, Justin, Slade, ,

Mailing Address 4452 W Hidden Acres Ct

City
Rogers

State
AR

Zip Code
72758-6010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physicians Specialty Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 26 / 2026

Transaction ID : 4FCC8030933EC867E221

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Briggs, Jameka, , ,

Mailing Address 1660 S University Dr

City
Fort Worth

State
TX

Zip Code
76107-6524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Adonai Anesthesia Services

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 11 / 2026

Transaction ID : 4BA7954134EAEF695DE

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

863.74

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 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brogdon, Stephanie, , ,

Mailing Address 1123 Bradburn Dr

City
Durham

State
NC

Zip Code
27713-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of North Carolina Chapel Hi

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 10 / 2026

Transaction ID : 4AADA2EECD29FBEC74:

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brown, Jennifer, Buffum, ,

Mailing Address 102 W Jeffrey Pine Rd

City
Reno

State
NV

Zip Code
89511-2788

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

08 / 26 / 2026

Transaction ID : 497891F4AE8C9B63406

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brown, Katherine, Clune, ,

Mailing Address 52 Nathan Dr

City
Jackson

State
TN

Zip Code
38305-3159

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JMCGH

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 01 / 2026

Transaction ID : 4353A11BC9398454B4CB

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

213.74

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

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

FOR LINE NUMBER: PAGE 37 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brunott, Jonathan, Douglas, ,

Mailing Address 8293 Elizabeth Plz

City
Columbus

State
NE

Zip Code
68601-8515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbus Community Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4815948CC178D8858419

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bruns, Michael, L, ,

Mailing Address 70 Belleair Rd

City
Asheville

State
NC

Zip Code
28806-3104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Apex Anesthesia Solutions P.C.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 17 / 2026

Transaction ID : 46E490FB43122125AB0C

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bryant, Carolyn, A, ,

Mailing Address 14101 Castlerock Dr

City
Orlando

State
FL

Zip Code
32828-8225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nemours Children's Hospital

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 12 / 2026

Transaction ID : 40E1B5426498D8D45389

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

197.07

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

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

FOR LINE NUMBER: PAGE 38 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bryngelson, Jay, A, ,

Mailing Address PO Box 3236

City
Homer

State
AK

Zip Code
99603-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nurse Anesthesia of Maine

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 09 / 2026

Transaction ID : 4A46B26322BE3EBDC6A2

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Buchan, Ericka, R, ,

Mailing Address 976 Carol Ave

City
Plymouth

State
MI

Zip Code
48170-2061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan Medicine

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 11 / 2026

Transaction ID : 4202A667FE2EA01E85FE

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Buchanan, Mosaes, M, ,

Mailing Address 4320 Checkmate Dr
#11, Apt 11

City
Anchorage

State
AK

Zip Code
99508-5735

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Polaris Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.75

Date of Receipt

08 / 16 / 2026

Transaction ID : 43D4B4E2C2D2DD32F4B9

Amount of Each Receipt this Period

91.25

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

152.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Buerkle, Christopher, , ,Mailing Address 144 State St
Unit 530, Unit 530City
PortlandState
MEZip Code
04101-8615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maine Medical CenterOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : 4FD3AF30401DC87A3F61

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Buettner, Neil, W, , Jr

Mailing Address 216 Stafford View Ln

City
MeridianvilleState
ALZip Code
35759-1994FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
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
08 / 05 / 2026

Transaction ID : AE1C2FDDE3A84837BD8A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bugg, John, Wesley, ,

Mailing Address 201 Hunting Crk

City
PaducahState
KYZip Code
42003-8762FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Apex Anesthesia PartnersOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.69

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 4BF688FAFDBB0D0E562D

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

330.41

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

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

FOR LINE NUMBER: PAGE 40 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bullock, David, C, ,

Mailing Address 902 7th St

City
Hood River

State
OR

Zip Code
97031-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ohsu

Occupation (for Individual)

Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 28 / 2026

Transaction ID : 47F7B299B6D8E2350BB0

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burkhardt, Hillary, , ,

Mailing Address 108 Sterling Ridge Dr

City
Nederland

State
TX

Zip Code
77627-8914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Burkhardt Anesthesia PLLC

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.28

Date of Receipt

08 / 23 / 2026

Transaction ID : 4E2E9CE820CA396C753B

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burnett-Olsen, Deborah, A, ,

Mailing Address 314 Ivy Ln

City
Glen Mills

State
PA

Zip Code
19342-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Premier Anesthesia and Cedar Crest Col

Occupation (for Individual)

CRNA and Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 25 / 2026

Transaction ID : 44E5A9AC5E674B4F7641

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

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 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Butler, Betty, E, ,

Mailing Address 4644 Tuscana Dr

City
Sarasota

State
FL

Zip Code
34241-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sarasota Physicians Surgical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 28 / 2026

Transaction ID : 4781942ACD2F09B4CF3E

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cahoon, Terri, M, ,

Mailing Address 920 Vestlake Hollow Cir

City
Vestavia

State
AL

Zip Code
35242-7513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Samford University

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 27 / 2026

Transaction ID : 4FCAB590E2870E9C1483

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cain, David, Aaron, ,

Mailing Address 60 Fosdyke St

City
Providence

State
RI

Zip Code
02906-3505

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 23 / 2026

Transaction ID : 4D54903A732F6641C575

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

102.48

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

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

FOR LINE NUMBER: PAGE 42 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Callan, Vicki, , ,

Mailing Address 17873 Suzanne Ridge Dr

City
Glencoe

State
MO

Zip Code
63038-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Webster University

Occupation (for Individual)
CRNA, Professor, Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 27 / 2026

Transaction ID : 4F4590117AFCB49729FA

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Camp, Kelli, E, ,

Mailing Address 1305 E Olympia St

City
Othello

State
WA

Zip Code
99344-1261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Othello Community Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1741.64

Date of Receipt

08 / 21 / 2026

Transaction ID : 4566B1E8A1918FFE432F

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Campbell, Crystal, Nicole, ,

Mailing Address 8318 Willow Beach Dr

City
Riverview

State
FL

Zip Code
33578-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of California Davis, Betty

Occupation (for Individual)
CRNA, Health Sciences Assistant Profe:

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

697.05

Date of Receipt

08 / 03 / 2026

Transaction ID : 4BFB995F53DA0FF4D6C7

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

197.07

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

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

FOR LINE NUMBER: PAGE 43 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Campbell, Janice, , ,

Mailing Address 3427 Skipping Stone Ct SW

City
Supply

State
NC

Zip Code
28462-6128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novant Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.46

Date of Receipt

08 / 20 / 2026

Transaction ID : 4B26833946CD787E8FF8

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Canale, Michelle, Leah, ,

Mailing Address 1918 Racimo Dr

City
Sarasota

State
FL

Zip Code
34240-9483

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of South Florida

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1941.64

Date of Receipt

08 / 10 / 2026

Transaction ID : 4B86BB129ED0D2981A1F

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cappello, Mark, T, ,

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 (for Individual)
Self Employed

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 17 / 2026

Transaction ID : 418E98460CF76020A731

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

308.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carlson, Jacob, , ,Mailing Address 416 N Kirkwood Rd
Apt 512City
KirkwoodState
MOZip Code
63122-3998FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carlson Anesthesia Services LLCOccupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2026

Transaction ID : 4012B16408840A299BA2

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carlson, Johanna, Maria, ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US NavyOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : 42BE9444F65AC4886B6A

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carlstead, Martha, A, ,Mailing Address 12532 26th Ave NE
Apt ACity
SeattleState
WAZip Code
98125-8806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Virginia Mason Medical CenterOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026

Transaction ID : 475ABCD60A9BC901514D

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

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 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carnahan, Thomas, Dorrington, , IV

Mailing Address 215 Lakeview Dr

City
Collingswood

State
NJ

Zip Code
08108-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sandman Slumber Services, LLC

Occupation (for Individual)
Owner, CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1488.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4116BE65E58E8F1613BA

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carpenter, Mike, Mike, ,

Mailing Address 111 Culpepper Ln

City
Easley

State
SC

Zip Code
29642-8631

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prisma Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

08 / 29 / 2026

Transaction ID : 4115A5E7939F1089B37C

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carr, Joshua, A, ,

Mailing Address 5622 Chincoteague Ct

City
Oceanside

State
CA

Zip Code
92057-5548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3705.00

Date of Receipt

08 / 16 / 2026

Transaction ID : 4FE7BC798E66EE24018B

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carroll, Jennifer, G, ,

Mailing Address 252 Great Plain Rd

City
DanburyState
CTZip Code
06811-3152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optimal Anesthesia ServicesOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2026**Transaction ID : 4190AD199C1DACA14A36**

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cassidy, Jason, L, ,

Mailing Address 3408 Panther Creek Dr

City
SpringfieldState
ILZip Code
62711-7842FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Health SystemsOccupation (for Individual)
Nurse Anesthist

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 / 07 / 2026**Transaction ID : 41CCB2A60E138015F246**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Castillo, Jeffrey, , ,

Mailing Address 4210 W Landberg Ave

City
Las VegasState
NVZip Code
89141-8948FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2026**Transaction ID : 4846AB5E1BAD78D80BE8**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

322.07

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

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

FOR LINE NUMBER: PAGE 47 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Castleman, Tracy, E, ,

Mailing Address 300 2nd Ave

City
Long Branch

State
NJ

Zip Code
07740-6303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RWJBH

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1866.64

Date of Receipt

08 / 08 / 2026

Transaction ID : 49EC907A93B4F526B2EB

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chambers, Pamela, J, ,

Mailing Address 607 Derby Dr

City
Mansfield

State
TX

Zip Code
76063-7372

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rosalind Franklin University of Medici

Occupation (for Individual)
Associate Professor, CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

08 / 11 / 2026

Transaction ID : 41B291F919FE77BE0972

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chambers, Pamela, J, ,

Mailing Address 607 Derby Dr

City
Mansfield

State
TX

Zip Code
76063-7372

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rosalind Franklin University of Medici

Occupation (for Individual)
Associate Professor, CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

749.97

Date of Receipt

08 / 25 / 2026

Transaction ID : 4C9BA9E412B25A1B3FC6

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

374.99

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

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

FOR LINE NUMBER: PAGE 48 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chang, Jake, C, ,

Mailing Address 3022 Andres Ct

City
Floyds Knobs

State
IN

Zip Code
47119-0015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Gas Factory LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 25 / 2026

Transaction ID : 40BC849B77028200DA34

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chem, Kevin, Nimitz, ,

Mailing Address 50 E Fillmore St
Unit 1710

City
Phoenix

State
AZ

Zip Code
85004-0057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Guide Anesthesia

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.74

Date of Receipt

08 / 03 / 2026

Transaction ID : 41AAB7698E153DBC1F55

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Chiapusio, Ronald, J, ,

Mailing Address 6426 Crosswoods Dr

City
Falls Church

State
VA

Zip Code
22044-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crna

Occupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 17 / 2026

Transaction ID : 4AF191225120A0C27904

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

374.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Childress, Robert, S, ,

Mailing Address 112 Coltsfoot Ct

City
LexingtonState
SCZip Code
29072-7277FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Veterans administrationOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : 46E3916221EA52E68CC7

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chmelicek, Kathleen, , ,

Mailing Address 6626 Prince Edward Pl

City
MemphisState
TNZip Code
38120-3445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 903C205284E94E109817

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ciuca, Angela, M, ,

Mailing Address 618 Water Lily Trl

City
SummervilleState
SCZip Code
29485-7468FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical University of South CarolinaOccupation (for Individual)
CRNA/Asst Professor

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
08 / 06 / 2026

Transaction ID : 82A6247D9D3C4DAB8438

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

305.41

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

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

FOR LINE NUMBER: PAGE 50 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clayton, Beth, Ann, ,

Mailing Address 6336 Tarton Fields Ln

City
Mason

State
OH

Zip Code
45040-8341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Cincinnati

Occupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.50

Date of Receipt

08 / 02 / 2026

Transaction ID : 44858E90ED609982D997

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clevenger, Jennifer, Lynn, ,

Mailing Address PO Box 126

City
Berlin

State
NH

Zip Code
03570-0126

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIP Van Winkle Group, LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

08 / 09 / 2026

Transaction ID : 0DF07EFED2084F9AA2D8

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coby, Merrilee, B, ,

Mailing Address 1076 Eagle Hollow Dr

City
Birmingham

State
AL

Zip Code
35242-4961

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UAB Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 30 / 2026

Transaction ID : 4180ABA32BDB322FBD70

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

180.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coker, Kyle, Bryce, ,

Mailing Address 1018 Windsong Way

City
LouisvilleState
KYZip Code
40207-2272FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastex Anesthesia PLLCOccupation (for Individual)
Locum CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2026**Transaction ID : 4EBC9700DC42013F4A01**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Collins, Gregory, B, ,

Mailing Address 6205 Beretta Ct

City
GranburyState
TXZip Code
76049-1304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Christian UniversityOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1141.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2026**Transaction ID : 4488A4E7DD5A29AA1174**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Collins, Gregory, B, ,

Mailing Address 2111 Stanley Ave

City
Fort WorthState
TXZip Code
76110-1837FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Christian UniversityOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1141.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : CFCFA395ED824A388DE8**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

323.33

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

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

FOR LINE NUMBER: PAGE 52 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Collins, Shawn, Bryant, ,

Mailing Address 39209 Harris Rd

City
Oak Glen

State
CA

Zip Code
92399-9405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loma Linda University

Occupation (for Individual)
Dean/CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 03 / 2026

Transaction ID : 426A93117347511CBD21

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cook, April, D, ,

Mailing Address 1044 267th St

City
Nashua

State
IA

Zip Code
50658-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self employed

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 30 / 2026

Transaction ID : 4699BA4DDD0580606B8C

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cooks, Felicia, Michele, ,

Mailing Address 4314 Eulalee Dr

City
San Antonio

State
TX

Zip Code
78220-1664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FJ Loyalty Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 28 / 2026

Transaction ID : 4DA59A1BEAAB27690CF7

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

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

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

FOR LINE NUMBER: PAGE 53 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cooley, Jackie, L, ,

Mailing Address 3501 Peach Tree Dr

City
Springfield

State
IL

Zip Code
62711-6707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 13 / 2026

Transaction ID : 4AB4AA99A15BAC13305D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cooley-Debolt, Brandy, L, ,

Mailing Address 8517 Moravian Trail Rd SE

City
Uhrichsville

State
OH

Zip Code
44683-7401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northstar anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 25 / 2026

Transaction ID : 4C4AADBA0D67DC083BC/

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cooper, Katherine, B, ,

Mailing Address 305 Haddon Ct

City
Franklin

State
TN

Zip Code
37067-6242

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cooper Anesthesia, PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 25 / 2026

Transaction ID : 4A1E965DFD8B7CF92E20

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.82

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

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

FOR LINE NUMBER: PAGE 54 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cornelius, Randy, D, ,

Mailing Address 4913 Harvest Ct SW

City
Cedar Rapids

State
IA

Zip Code
52404-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RDC Anesthesia Services LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2676.64

Date of Receipt

08 / 10 / 2026

Transaction ID : 42448A8C73AAFA8999BB

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cotton, Gram, M, ,

Mailing Address 17715 120th Ave

City
Chippewa Falls

State
WI

Zip Code
54729-6138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GMC Anesthesia, Inc.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1760.00

Date of Receipt

08 / 05 / 2026

Transaction ID : 456EBD6C83E83BCF56A8

Amount of Each Receipt this Period

220.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cotton, Margaret, Eileen, ,

Mailing Address 137 Palmerston Dr

City
Aledo

State
TX

Zip Code
76008-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Star Anesthesia

Occupation (for Individual)
Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

08 / 26 / 2026

Transaction ID : 4C75AD91E3F70F1F7A97

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

511.66

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

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

FOR LINE NUMBER: PAGE 55 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cottrill, Kristen, Nichole, ,

Mailing Address 1891 Clay Dr

City
Crozet

State
VA

Zip Code
22932-2880

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Virginia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 4E25AC27B67E1FF63916

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Craig, Carol, A, ,

Mailing Address 5680 Kenny Dr

City
West Bend

State
WI

Zip Code
53095-9211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SSM St. Agnes Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2026

Transaction ID : 62B513F7C36E4A4EB52F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crawford, Gregory, M, ,

Mailing Address 104 Fahey Ct

City
Folsom

State
CA

Zip Code
95630-8049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAISER PERMANENTE

Occupation (for Individual)
Declined

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 22 / 2026

Transaction ID : 4773B0D4096C20219D68

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

391.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crocker, Jared, , ,

Mailing Address 119 John Austin Ln

City
Mt WashingtonState
KYZip Code
40047-6349FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lake Daze Anesthesia, PLLCOccupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1866.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : 4A4CACB653399CBE5F89**

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cross, Lori, M, ,

Mailing Address 12151 Irwin Manor Dr

City
JacksonvilleState
FLZip Code
32246-5103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UF HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026**Transaction ID : 4373AAE78E3146DBCE75**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crossette, Melissa, L, ,

Mailing Address 1013 SW Argyl St

City
Lees SummitState
MOZip Code
64081-7809FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Golden Valley Memorial HealthcareOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : 467A94764607E71FCD3E**

Amount of Each Receipt this Period

30.41

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

288.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crowell, Aaron, Joseph, ,

Mailing Address 54B Plank Rd

City
WaterfordState
NYZip Code
12188-1143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical CenterOccupation (for Individual)
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
08 / 29 / 2026

Transaction ID : C38BA08E2A6E4D8B8F93

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cuevas Santos Molnar, Javier, , ,

Mailing Address 501 Yearling Rd

City
GreenvilleState
SCZip Code
29617-1244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical Group of the CarolinasOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : 79F94936566544B496A0

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dabney, Cynthia, L, ,

Mailing Address 32377 Talimena Loop

City
Wesley ChapelState
FLZip Code
33543-5838FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of South FloridaOccupation (for Individual)
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2026

Transaction ID : 48A9A1112B1CC4873048

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

208.33

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

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

FOR LINE NUMBER: PAGE 58 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Daniel, Ronald, E, ,

Mailing Address 6 Tournay Cir

City
Little Rock

State
AR

Zip Code
72223-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WEST VILLAGE ANESTHESIA

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 24 / 2026

Transaction ID : 44B3A7F6A254AE38741B

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Daoud, Danielle, , ,

Mailing Address 5535 S Newcastle Ave

City
Chicago

State
IL

Zip Code
60638-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Livingood Anesthetics

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 23 / 2026

Transaction ID : 45F29F5F257FA8A6CE44

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davenport, Jeanna, , ,

Mailing Address 5181 Holly Fern Trce

City
Tallahassee

State
FL

Zip Code
32312-7583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Davenport Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 18 / 2026

Transaction ID : 4B59BAC2205E48CBD4F4

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, Joshua, , ,Mailing Address 6901 Bertner Ave
Ofc 660City
HoustonState
TXZip Code
77030-3901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT Health Science Center HoustonOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026**Transaction ID : 451EB4AE27A93F31EC16**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Kimberly, A, ,

Mailing Address 329 Skippack Pike

City

Fort Washington

State

PA

Zip Code

19034-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cedar Crest CollegeOccupation (for Individual)
Assistant Director, NAP, 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
08 / 26 / 2026**Transaction ID : 46ECA2213148E46514D0**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Nathan, M, ,

Mailing Address 1992 Cooks Valley Rd

City

Kingsport

State

TN

Zip Code

37664-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Anesthesia SolutionsOccupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026**Transaction ID : 4D3892555C8EFDD00A44**

Amount of Each Receipt this Period

41.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

141.66

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

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

FOR LINE NUMBER: PAGE 60 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, Rachel, C.,

Mailing Address 6260 Chevy Chase Dr

City
Houston

State
TX

Zip Code
77057-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baylor College of Medicine

Occupation (for Individual)

Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 14 / 2026

Transaction ID : 4444BE1953CBC3359784

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Thomas, Corey,

Mailing Address 9101 Olde Hartley Dr

City
Glen Allen

State
VA

Zip Code
23060-6367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VCUHealth

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

08 / 22 / 2026

Transaction ID : 4DDD9324254862CFAD75

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DeAngelis, Cynthia, G.,

Mailing Address 81 Comstock Trl

City
East Hampton

State
CT

Zip Code
06424-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

DeAngelis Anesthesia Services, P.C.

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

248.00

Date of Receipt

08 / 25 / 2026

Transaction ID : 4BF3BBBB1773813EA449A

Amount of Each Receipt this Period

31.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

197.66

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

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

FOR LINE NUMBER: PAGE 61 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Deason, Julia, Logue, ,

Mailing Address 196 Howard St

City
Bangor

State
ME

Zip Code
04401-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
True North Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

08 / 16 / 2026

Transaction ID : 6C471A98D77842F5929A

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Decker, Cassandra, R, ,

Mailing Address 117 W 20th St
Apt 615, Apt 615

City
Kansas City

State
MO

Zip Code
64108-2086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rest Easy Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2508.29

Date of Receipt

08 / 15 / 2026

Transaction ID : 42FA814A2EB47F8A7481

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Decker, Cassandra, R, ,

Mailing Address 117 W 20th St
Apt 615, Apt 615

City
Kansas City

State
MO

Zip Code
64108-2086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rest Easy Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2508.29

Date of Receipt

08 / 23 / 2026

Transaction ID : 4E5BB4A1850F8DB2EE2E

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

316.66

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

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

FOR LINE NUMBER: PAGE 62 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Decker, Nestor, J., III

Mailing Address 3283 Royal Berkshire Ln

City
Oakland

State
MI

Zip Code
48363-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan Medicine

Occupation (for Individual)
Staff Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 30 / 2026

Transaction ID : 403893EB1039C8D5B53F

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Deeter, Kellie, L.,

Mailing Address 1171 Pioneer Pass

City
Norwalk

State
OH

Zip Code
44857-8928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Firelands Anesthesia

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1758.31

Date of Receipt

08 / 07 / 2026

Transaction ID : 494EACC42E7367521773

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dekker Flint, Julie, P.,

Mailing Address 106 Everett St

City
Chattanooga

State
TN

Zip Code
37409-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pax Anesthesia Services LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 22 / 2026

Transaction ID : 43DF9E4FF7C81D78D065

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DeVito, Catherine, F, ,

Mailing Address 1936 Michigan Ave NE

City
St PetersburgState
FLZip Code
33703-3406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EnvisionOccupation (for Individual)
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
08 / 03 / 2026

Transaction ID : 449292BE2F0AA718A74F

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Devoto, Rachel, Louise, ,

Mailing Address 3907 Glenellen

City
San AntonioState
TXZip Code
78257-1761FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YPS AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 4734A9FF7DEC38219D85

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DeZurik, Joseph, Alan, ,

Mailing Address 5433 2nd Ave S

City
MinneapolisState
MNZip Code
55419-1403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AllinaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : 4862A37260C508E1C901

Amount of Each Receipt this Period

91.25

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

232.91

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

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

FOR LINE NUMBER: PAGE 64 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Diaz, Debra, Jeanne, ,

Mailing Address 15 Cumberland Ave

City
Ormond Beach

State
FL

Zip Code
32174-5323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South College

Occupation (for Individual)
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2816.64

Date of Receipt

08 / 10 / 2026

Transaction ID : 480D937DB36562C34DC2

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Diaz, Mayte, , ,

Mailing Address 8628 Sandy Plains Dr

City
Riverview

State
FL

Zip Code
33578-8616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of South Florida

Occupation (for Individual)
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1941.64

Date of Receipt

08 / 14 / 2026

Transaction ID : 498F9863003501F0E181

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Diggs, Thomas, L, ,

Mailing Address 83 Willie Mayes Ct

City
Berkeley Springs

State
WV

Zip Code
25411-6975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesta Anesthesia Services, LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 27 / 2026

Transaction ID : 48CF9200A41B61CB5469

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

374.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dillman, Jedd, , ,

Mailing Address 32 Ellen Ct

City
OceanState
NJZip Code
07712-3352FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 41969CBE2EF2B0599A29

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Divyak, Katharine, M, ,

Mailing Address 3117 Buena Vista St

City
MadisonState
WIZip Code
53704-5809FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VHA

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 451DBC8DCEC6A9614AC

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Donegan, Jeremy, B, ,

Mailing Address 119 Waters Hill Cir

City
LebanonState
TNZip Code
37087-3051FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Vanderbilt University Medical Center

Occupation (for Individual)

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
08 / 14 / 2026

Transaction ID : 4F50A4FB1F36AF095F71

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

274.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Donofrio, Nicholas, Angelo, ,

Mailing Address 7 Squire Ln

City
PittsfordState
NYZip Code
14534-4021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highland HospitalOccupation (for Individual)
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
08 / 25 / 2026

Transaction ID : D1EBE132939A4243B576

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Doria, Mark Anthony, Lustre, ,

Mailing Address 27827 Arbury Crest Ct

City
KatyState
TXZip Code
77494-5982FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Houston MethodistOccupation (for Individual)
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
08 / 26 / 2026

Transaction ID : 4B2D955E45FFC9BB782C

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dubose, Mary, C, ,

Mailing Address PO Box 150256

City
LufkinState
TXZip Code
75915-0256FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emergenc HealthOccupation (for Individual)
nurse anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 4F59AA5ECAAE38D496

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

360.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 67 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dunavan, Mark, W, ,

Mailing Address 17300 Lamarche Blvd

City
Little RockState
ARZip Code
72223-9125FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arkansas for Medical SciOccupation (for Individual)
Assistant Director, Assistant Professo

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
08 / 01 / 2026**Transaction ID : DF95E11A33AF4A999798**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dunnington, Michael, J, ,

Mailing Address 30 Abbey Rd

City
YorkState
MEZip Code
03909-6101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dunnington Anesthesia LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026**Transaction ID : 47FDA54586A331E36C48**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dupree, Garrett, Austen, ,

Mailing Address 5709 Pope Creek Rd

City
Fort WorthState
TXZip Code
76126-2042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
John Peter Smith - Sound AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026**Transaction ID : 4C228E3F3642F3DB2BF3**

Amount of Each Receipt this Period

41.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

322.07

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

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

FOR LINE NUMBER: PAGE 68 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duran, Anthony, Philip, , Jr

Mailing Address 14701 46th Avenue Ct NW

City
Gig Harbor

State
WA

Zip Code
98332-9057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Navy

Occupation (for Individual)
Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 20 / 2026

Transaction ID : 456883C1CAB1487EC96D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dwyer, Maura, A, ,

Mailing Address 160 Pine St

City
Danvers

State
MA

Zip Code
01923-2642

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dwyer Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

08 / 12 / 2026

Transaction ID : 41989CB21705D74B2B24

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eads, Victoria, Leigh, ,

Mailing Address 160 Shady View Rd

City
Kingsport

State
TN

Zip Code
37660-7449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2026

Transaction ID : 4EC1A01E9ECD67C4C3D2

Amount of Each Receipt this Period

62.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

176.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Earley, Donovan, L, ,

Mailing Address 12004 White Oak Run

City
ConroeState
TXZip Code
77385-2742FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baylor College of MedicineOccupation (for Individual)
Faculty CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026**Transaction ID : 46AE8DA0AF45BBD78438**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Echeverria, John, William, ,

Mailing Address 1120 E Waterway Ln

City
Show LowState
AZZip Code
85901-7329FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ech Anesthesia PLLCOccupation (for Individual)
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
08 / 28 / 2026**Transaction ID : 5494DF54FBCA4211A98D**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Edison, Laura, M, ,

Mailing Address 4670 Neptune Dr SE

City
St PetersburgState
FLZip Code
33705-4237FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ElleEdisonPLLCOccupation (for Individual)
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
08 / 31 / 2026**Transaction ID : 05ED7F6A50A24AC3A6D6**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eid, Evan, , ,

Mailing Address 1040 Labarge Rd

City
HudsonState
WIZip Code
54016-7698FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 43ACAAB83D0DFB937D46

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eimers, Treavor, J, ,

Mailing Address 11150 Bridle Path

City
AlansonState
MIZip Code
49706-9654FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sleepsmith StaffingOccupation (for Individual)
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
08 / 04 / 2026

Transaction ID : 4B3E9711F60B484DFC8D

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eisenhower, Melissa, Gail, ,

Mailing Address 10400 Devon Ct

City
NewburghState
INZip Code
47630-8888FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of EvansvilleOccupation (for Individual)
Nurse Anesthesia Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

866.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026

Transaction ID : 44D0BAA4A81D32737D17

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eisenhower, Ingrid, , ,

Mailing Address 8820 W Libby Rd

City
GrovelandState
FLZip Code
34736-8614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
4PlanesAnesthesiaServices, LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026

Transaction ID : 4E4C8BA1EF09AA405EE6

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Elam, Charles, Reginald, , IV

Mailing Address 9021 N Jessy Ln

City
TucsonState
AZZip Code
85742-8642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 4EF79960222547151BC3

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ellis, Dorie, Christine, ,

Mailing Address 11717 Robert E Lee Dr

City
BristowState
VAZip Code
20136-1381FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Triquetra Anesthesia, PLLCOccupation (for Individual)
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
08 / 16 / 2026

Transaction ID : 490B8E247DD821911257

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

391.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Elsea, Collin, Richard, ,

Mailing Address 5570 SW Dover Ln

City
PortlandState
ORZip Code
97225-1029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associate NW/Providence MilOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : 4D5BBD091EA7D18C8F34

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Elwood, Annette, P, ,

Mailing Address 7771 Lake Thomas Rd

City
Stevens PointState
WIZip Code
54482-9744FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marshfield Health SystemOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026

Transaction ID : 439DBA9D36CF0B36FDDE

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Elwood, Annette, P, ,

Mailing Address 7771 Lake Thomas Rd

City
Stevens PointState
WIZip Code
54482-9744FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marshfield Health SystemOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

433.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : 8100666F8A6549BAA9B2

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

266.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Embry, Brandon, Scott, ,

Mailing Address 2604 Stonefield Ln

City
La GrangeState
KYZip Code
40031-6702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UofL physiciansOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : 40FC8339CAD51950129D

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Emerson, Jodie, E, ,

Mailing Address 4375 Arbor Dr

City
OkemosState
MIZip Code
48864-3030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JODIE E EMERSON INCOccupation (for Individual)
JODIE E EMERSON INC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 4724917D92571DD5E2C4

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Emmons, Paul, R, , III

Mailing Address 1865 Baldwin Ct

City
TrentonState
MIZip Code
48183-1908FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beaumont Health TrentonOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2026

Transaction ID : 4ECDB79FD518F4322C38

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

213.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 74 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Engelman, Megan, , ,

Mailing Address 6358 Juliet Dr

City
AvonState
INZip Code
46123-8107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hendricks Regional HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 4CB6ADEACFEFEE30A49f

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eslava, Misty, Downey, ,

Mailing Address 4038 Cypress Shores Dr N

City
MobileState
ALZip Code
36619-9715FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AnesthesiaCareOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 413881DD99CA478410C5

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Evans, Abigail, Marie, ,

Mailing Address 4336 N Lowell Ave

City
ChicagoState
ILZip Code
60641-2014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LocumsOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026

Transaction ID : 4414BBB52990D4610D48

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

102.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Evans, Anna, Maire, ,

Mailing Address 919 S Clinton St

City
BaltimoreState
MDZip Code
21224-5025FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UMMCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2026

Transaction ID : 49098AC54C2079C6A715

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Everette, Robbyn, Holbrook, ,

Mailing Address 206 W Bassett Rd

City
ShelbyvilleState
INZip Code
46176-9475FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Health NetworkOccupation (for Individual)
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
08 / 26 / 2026

Transaction ID : 4E6BBA9A220C32E40BA7

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fabich, Robert, Andrew, , Jr

Mailing Address 67 Greenbriar Rd

City
KeeneState
NHZip Code
03431-2848FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedstreamOccupation (for Individual)
Chief CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2624.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2026

Transaction ID : 44A9A662A67317FFFA97

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

530.41

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

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

FOR LINE NUMBER: PAGE 76 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fain, Adriane, , ,

Mailing Address 130 Jacobs Rd

City
Coupeville

State
WA

Zip Code
98239-9552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANW

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

503.98

Date of Receipt

08 / 13 / 2026

Transaction ID : 4CF68277B3EDE3552F21

Amount of Each Receipt this Period

1.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Farmer, Daniel, J, ,

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 (for Individual)
Independent

Occupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 21 / 2026

Transaction ID : 446097632BDECC3AE228

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fedan, Ashley, E, ,

Mailing Address 16608 SE 167th St

City
Renton

State
WA

Zip Code
98058-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ashley Fedan, LLC

Occupation (for Individual)
CRNA, Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2026

Transaction ID : E24114C5264F4C239B5B

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

334.33

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

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

FOR LINE NUMBER: PAGE 77 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ferguson, Blaire, M, ,

Mailing Address 1846 Walnut Grove Rd

City
Clarksville

State
TN

Zip Code
37042-3847

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Defense Health Agency

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 31 / 2026

Transaction ID : 4689B3F54440CC595955

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ferguson, Hope, Simone, ,

Mailing Address 6155 Old Brownsville Rd

City
Bartlett

State
TN

Zip Code
38135-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VAMC Memphis

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 12 / 2026

Transaction ID : 43DB59D250674309AAFC

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fernandez De Soto, Lindsey, , ,

Mailing Address 1298 Hartford Tpke
Apt 11D

City
North Haven

State
CT

Zip Code
06473-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FDS Dream Machine Inc.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1960.00

Date of Receipt

08 / 16 / 2026

Transaction ID : 4F7F824DB02121789331

Amount of Each Receipt this Period

220.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

428.33

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

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

FOR LINE NUMBER: PAGE 78 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fernandez De Soto, Sebastian, , ,

Mailing Address 1298 Hartford Tpke
Apt 11D

City
North Haven

State
CT

Zip Code
06473-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FDS Dream Machine Inc.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1960.00

Date of Receipt

08 / 16 / 2026

Transaction ID : 49BE9FA3C4F6923A1E6A

Amount of Each Receipt this Period

220.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Filler, Laura, K, ,

Mailing Address 3106 Link Dr

City
Bismarck

State
ND

Zip Code
58503-9047

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
701 Anesthesia Associates, PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 483AACD26C8DAFFC6268

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Finder, Stephen, Trent, ,

Mailing Address 4789 Ross Hollow Ln

City
Bartlett

State
TN

Zip Code
38002-8781

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LifeLinc Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1676.64

Date of Receipt

08 / 03 / 2026

Transaction ID : 4B2CA4CA3B2CB1951024

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.74

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

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

FOR LINE NUMBER: PAGE 79 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINDER, Stephen, Trent, ,

Mailing Address 4789 Ross Hollow Ln

City
Bartlett

State
TN

Zip Code
38002-8781

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LifeLinc Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1676.64

Date of Receipt

08 / 24 / 2026

Transaction ID : 689837BAD5C0410380D9

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FISHER, Cara, , ,

Mailing Address 113 Cunniff Pkwy

City
Goodlettsville

State
TN

Zip Code
37072-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VIRGINIA COMMONWEALTH UNIVERSITY

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 07 / 2026

Transaction ID : 42CCB6BF9FCBFC144677

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FISHER, Marquessa, D, ,

Mailing Address 3209 Stonehorn Dr

City
Bell Buckle

State
TN

Zip Code
37020-3013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 24 / 2026

Transaction ID : 4DD8BBE8EB17277AFB7D

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

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

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

FOR LINE NUMBER: PAGE 80 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fisher, Michael, S, ,

Mailing Address 1290 SE Phillips Rd

City
Shelton

State
WA

Zip Code
98584-7614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Summit Pacific Medical Center

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 31 / 2026

Transaction ID : 481B9F34042199A2E79C

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fitzhenry, John, Joseph, ,

Mailing Address 785 Cinnaminson St

City
Philadelphia

State
PA

Zip Code
19128-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cooper University Health Care

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 02 / 2026

Transaction ID : 445889E655A6C4368118

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Flaherty, Stephen, A, ,

Mailing Address 26235 5 Points Rd

City
Sycamore

State
IL

Zip Code
60178-9044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates, LTD

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

08 / 15 / 2026

Transaction ID : 480E9C9F503D638729A5

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

213.74

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

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

FOR LINE NUMBER: PAGE 81 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fleming, Amy, H, ,

Mailing Address 35 Caledonia Rd

City
Asheville

State
NC

Zip Code
28803-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amy H. Fleming, CRNA, PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

08 / 19 / 2026

Transaction ID : 4286A0D4EAB7326E5050

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fleming, Randy, Gordon Scott, ,

Mailing Address 2006 E 33rd Ave

City
Spokane

State
WA

Zip Code
99203-3952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RGS Anesthesia PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2026

Transaction ID : 467F81646B5A00333640

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fletcher, Rachel, Engler, ,

Mailing Address 208 W Torrey Pines Dr

City
Eldridge

State
IA

Zip Code
52748-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
,

Occupation (for Individual)
,

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

08 / 07 / 2026

Transaction ID : 4DE6B1180622594AFBF0

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

224.58

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

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

FOR LINE NUMBER: PAGE 82 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flores, Ma. Romina, Sinamban, ,

Mailing Address 9625 Fannin Sta W

City
Houston

State
TX

Zip Code
77045-4652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia Partners

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 28 / 2026

Transaction ID : 4309AF2954EA49E8972F

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Flowers, Richard, W, , Jr

Mailing Address 805 Church St
Apt 2814

City
Nashville

State
TN

Zip Code
37203-6377

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Middle TN School of Anesthesia

Occupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4DD7BC469F7DA9BF9627

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Folayan, Adeola, O, ,

Mailing Address 407 Everlee Ln

City
Mount Juliet

State
TN

Zip Code
37122-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penuel Healthcare

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 405A9B52CACD76F3BF7D

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

163.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Foley, Erin, M, ,Mailing Address 33 Park St
Apt 5City
PortlandState
MEZip Code
04101-4568FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Foley Anesthesia, PLLCOccupation (for Individual)
Owner/CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026**Transaction ID : 45FCBBBFCE1116E11503**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fowler, Carla, J, ,

Mailing Address 460 River St W

City
HoldingfordState
MNZip Code
56340-4519FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lakewood HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026**Transaction ID : FB598E84737A4649ADC3**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frazier, Christopher, Blake, ,Mailing Address 570 Linger Longer Dr
Unit 7203City
Johns IslandState
SCZip Code
29455-3332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MUSCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

718.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026**Transaction ID : 4F979D36C9DCB29D1612**

Amount of Each Receipt this Period

30.41

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

355.41

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

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

FOR LINE NUMBER: PAGE 84 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fredriksson, Sarah, Emily Otto, ,

Mailing Address 505 Beechwood St

City
Cohasset

State
MA

Zip Code
02025-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vigilance Anesthesia Services

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 26 / 2026

Transaction ID : 448A9034D2773E8CF87D

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Freudenthal, Cody, Gerald, ,

Mailing Address 47914 Tina Marie Cir

City
Harrisburg

State
SD

Zip Code
57032-2525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sioux Falls Specialty Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 05 / 2026

Transaction ID : 474E87B9F8CAEB60857A

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Friedline, Kristin, Ruth, ,

Mailing Address 5011 King William Rd

City
Richmond

State
VA

Zip Code
23225-3129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPA Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 457794DDC364181C6CDB

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

269.15

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

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

FOR LINE NUMBER: PAGE 85 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Funk, Emily, M, ,

Mailing Address 5509 Brook Edge Dr

City
Raleigh

State
NC

Zip Code
27613-8844

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke University

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 16 / 2026

Transaction ID : 41CF9C7C788837BCE281

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gallagher, Wesley, John Henry, , II

Mailing Address 849 Spring Hill Farm Dr

City
Ballwin

State
MO

Zip Code
63021-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern Illinois University Edwardsvi

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 17 / 2026

Transaction ID : 4914880D52FB042587D5

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garzarek, Belinda, Sharpe, ,

Mailing Address 2954 County Road 55

City
Newton

State
AL

Zip Code
36352-7306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dothan anesthesiology associates

Occupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 02 / 2026

Transaction ID : 4C3EBCC9F9C8F8E534A1

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

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

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

FOR LINE NUMBER: PAGE 86 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gauderman, Julie, C, ,

Mailing Address 8416 Shadow Creek Dr

City
Maple Grove

State
MN

Zip Code
55311-1569

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Saint Mary's University of Minnesota

Occupation (for Individual)
CRNA-Associate Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.64

Date of Receipt

08 / 08 / 2026

Transaction ID : 418DBB932F937FCF0C27

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gegel, Brian, T, ,

Mailing Address 109 Michelangelo

City
San Antonio

State
TX

Zip Code
78258-4756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gegel Anesthesia Services

Occupation (for Individual)
Anesthesia Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 15 / 2026

Transaction ID : 42E2BCEB591F75E04BFF

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gerike, Laoma, , ,

Mailing Address 710 Panorama Rd

City
Villanova

State
PA

Zip Code
19085-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TJUH

Occupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 29 / 2026

Transaction ID : 4B51A76F842AF9FB4E81

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

291.66

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

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

FOR LINE NUMBER: PAGE 87 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gianitsis, John, Andrew, , II

Mailing Address 2920 Linden St

City
Oakland

State
CA

Zip Code
94608-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gianitsis Anesthesia Services

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.64

Date of Receipt

08 / 21 / 2026

Transaction ID : 4E07AB07AD66F4B82C1A

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gianitsis, John, Andrew, , II

Mailing Address 2920 Linden St

City
Oakland

State
CA

Zip Code
94608-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gianitsis Anesthesia Services

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.64

Date of Receipt

08 / 31 / 2026

Transaction ID : 4DD18259772E4716A5E7

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gillikin, Karen, E, ,

Mailing Address 5481 Todd St

City
Virginia Beach

State
VA

Zip Code
23464-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sentara Medical Group

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

443.28

Date of Receipt

08 / 11 / 2026

Transaction ID : 4B6DA0D475615BF91935

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

163.74

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

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

FOR LINE NUMBER: PAGE 88 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gingles, Hannah, K, ,

Mailing Address 3928 N 87th Pl

City
Scottsdale

State
AZ

Zip Code
85251-5038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gingles Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 02 / 2026

Transaction ID : 408C9B17FCF6A058C289

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gloe, Leslie, R, ,

Mailing Address 374 Fox Trail Rd

City
Walnut Shade

State
MO

Zip Code
65771-9351

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Leslie R. GLOe, LLC

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 29 / 2026

Transaction ID : 448383AB06BA91B3775E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Glover, Nicholas, , ,

Mailing Address 8504 Langtree Ln

City
Raleigh

State
NC

Zip Code
27613-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Glover Anesthesia Services, PLLC.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

733.28

Date of Receipt

08 / 15 / 2026

Transaction ID : 4EF897848BB512348391

Amount of Each Receipt this Period

91.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

258.32

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

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

FOR LINE NUMBER: PAGE 89 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Glybin, Natalie, , ,

Mailing Address 185 Pine St
Apt 512

City
Manchester

State
CT

Zip Code
06040-5880

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Backus Hospital

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 04 / 2026

Transaction ID : 46918689FE29819365D8

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gonzalez, Michelle, L R, ,

Mailing Address 1423 Quail Ridge Dr

City
Alexander

State
AR

Zip Code
72002-8592

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Arkansas for Medical Sci

Occupation (for Individual)

Director, DNP Nurse Anesthesia Progr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1424.72

Date of Receipt

08 / 13 / 2026

Transaction ID : 4BE187D97C2F85E5294F

Amount of Each Receipt this Period

84.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goodwin, Howard, O, ,

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 (for Individual)

Old Dominion University

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3816.64

Date of Receipt

08 / 29 / 2026

Transaction ID : 4042955E734F533B0C09

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

267.67

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

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

FOR LINE NUMBER: PAGE 90 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gordon, Leah, M, ,

Mailing Address 4752 Prairie Trl N

City
Hugo

State
MN

Zip Code
55038-4640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Saint Mary's University of Minnesota

Occupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

793.28

Date of Receipt

08 / 15 / 2026

Transaction ID : 4BFB8316912384C9CC3A

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Greco, Michael, , ,

Mailing Address 511 SE 5th Ave
Apt 2114

City

Fort Lauderdale

State
FL

Zip Code
33301-2980

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Sloan Kettering Cancer Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.39

Date of Receipt

08 / 22 / 2026

Transaction ID : 4A366869AF774E9F8E7E

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Green, Lyn, Loraine, ,

Mailing Address 681 Hillside Dr

City

Fairfield

State
CA

Zip Code
94533-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Green Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 22 / 2026

Transaction ID : 47AEAFD4D94588DF15BF

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 91 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grenier, Melanie, R, ,

Mailing Address 16170 E Prentice Ln

City
CentennialState
COZip Code
80015-4169FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childrens Hospital ColoradoOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : 405E863B8D2CDDE1C7AB

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grgurich, Tara, M, ,

Mailing Address 1104 N Baltimore St

City
KirksvilleState
MOZip Code
63501-2528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MUOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : 408EB8C1DCAD6E796E17

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Griffin, Jessica, L, ,

Mailing Address 1301 Fairway Dr

City
DunedinState
FLZip Code
34698-2211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Team HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026

Transaction ID : 42969B1377765A73593C

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

322.07

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

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

FOR LINE NUMBER: PAGE 92 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Griffis, Charles, A, ,

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 (for Individual)
USC Program of Nurse Anesthesia

Occupation (for Individual)
Didactic Instructor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

08 / 22 / 2026

Transaction ID : AFE1442D9EAA453386AC

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grolemond, Stephanie, A, ,

Mailing Address 5559 Broadway St

City
Lancaster

State
NY

Zip Code
14086-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ECMC

Occupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 08 / 2026

Transaction ID : 4E5B9B6E556CB72E1041

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Grunewald, Courtney, M, ,

Mailing Address N1138 Ingles Dr

City
Prairie Du Sac

State
WI

Zip Code
53578-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SSM St. Mary's Hospital Madison,WI

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 11 / 2026

Transaction ID : 4CEB9FA50C001732B1F6

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1230.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guadamuz, Lilian, N, ,

Mailing Address 28115 Copperleaf

City
BoerneState
TXZip Code
78015-6533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 470E883A7F96D43BD94D

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gurske, William, , ,

Mailing Address 412 Michelle Ln

City
Cottage GroveState
WIZip Code
53527-8969FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Edgerton HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026

Transaction ID : 4C2EBAC4A8243A085FDB

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gutshall, Catherine, G, ,

Mailing Address 236 Berwick Rd

City
ColumbiaState
SCZip Code
29212-1973FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of South CarolinaOccupation (for Individual)
CRNA/Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2026

Transaction ID : 41B8B8BF15D6317A5874

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gyebi, Emmanuel, , ,

Mailing Address 1949 Cottonwood Terrace Ct

City
College StaState
TXZip Code
77845-8819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Zovan Anesthesia PLLCOccupation (for Individual)
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
08 / 03 / 2026

Transaction ID : 0608B07E886F4329BFD8

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haffey, Mark, J, ,

Mailing Address 6520 S Jeffrey Ave

City
Sioux FallsState
SDZip Code
57108-3227FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Avera McKennan Hospital and Univ. HealOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 4887A7686339E131ADA0

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Halks, Patrick, S, ,

Mailing Address 6401 Nikki Ln

City
TampaState
FLZip Code
33625-1641FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEAMHealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2026

Transaction ID : 4B6CBB8DBD1EF5CAD1F0

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

323.74

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hall, Brian, Matthew, ,

Mailing Address 29 N Merkle Rd

City
BexleyState
OHZip Code
43209-1553FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nationwide Children's Hospital

Occupation (for Individual)

Certified Registered Nurse Anesthesiol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 4C8CAD281658AB868216

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hall, Matthew, J, ,

Mailing Address 270 Hedgefield Dr

City
PrattvilleState
ALZip Code
36066-1100FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hustle and Pray, LLC

Occupation (for Individual)

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
08 / 25 / 2026

Transaction ID : 39FF6CADCF1146768878

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hansmann, Ashley, Marie, ,

Mailing Address 5040 11th Ave S

City
MinneapolisState
MNZip Code
55417-1152FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UMPhysicians

Occupation (for Individual)

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
08 / 22 / 2026

Transaction ID : 4109B6AEF0B7084E0EC0

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

380.41

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

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

FOR LINE NUMBER: PAGE 96 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hanson, Christopher, M, ,

Mailing Address 3621 Woodland St

City
Ames

State
IA

Zip Code
50014-3467

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

MM / DD / YYYY
08 / 05 / 2026

Transaction ID : 42F284E8C5D35777A992

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hardy, Jaimie, , ,

Mailing Address 6998 Avalanche Cir

City
Anchorage

State
AK

Zip Code
99516-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Denali Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

MM / DD / YYYY
08 / 07 / 2026

Transaction ID : 4BBDBD94A71DF6E3FAFD

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harkins, Charles, , ,

Mailing Address 2020 Crow Field Ct

City
Myrtle Beach

State
SC

Zip Code
29579-8520

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstream

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

MM / DD / YYYY
08 / 05 / 2026

Transaction ID : 45ACA2FBAC0FCB7E243A

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

477.48

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harpe-Bates, Jennifer, L, ,

Mailing Address 1000 Fossil Creek Cir

City
LouisvilleState
KYZip Code
40245-5336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Louisville and NorthStarOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2026

Transaction ID : 45A796688BD2DC4B0E4A

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harris, Catharine, , ,

Mailing Address 25 Massachusetts Ave NW
Ste 320City
WashingtonState
DCZip Code
20001-7418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANAOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2026

Transaction ID : 4C90838F6250ABF69ED6

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harris, Catharine, , ,

Mailing Address 25 Massachusetts Ave NW
Ste 320City
WashingtonState
DCZip Code
20001-7418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANAOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2026

Transaction ID : 45AF9338B91F6EF380EC

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

158.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harris, Catharine, , ,Mailing Address 25 Massachusetts Ave NW
Ste 320City
WashingtonState
DCZip Code
20001-7418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANAOccupation (for Individual)
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : C5B5A702E10649838C4C

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harris, Margaret, A, ,

Mailing Address 12709 Greenwood Ave

City
Blue IslandState
ILZip Code
60406-2028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Chicago MedicineOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2026

Transaction ID : 48FCA2BCC5C583A9E479

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harris, Margaret, A, ,

Mailing Address 12709 Greenwood Ave

City
Blue IslandState
ILZip Code
60406-2028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Chicago MedicineOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

726.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : BA2AE75AFEC947318410

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

168.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harris, William, Patrick, ,

Mailing Address 1825 E Patrick Ln

City
PhoenixState
AZZip Code
85024-2477FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GIMCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 4320BE71D9CF738434E5

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hartel, Theresa, M, ,

Mailing Address 2704 Westport Dr

City
SpringfieldState
ILZip Code
62711-6787FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North America Partners in Anesthesia HOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2026

Transaction ID : 4DAAA288BBB2FCF844E9

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hartman, William, J, ,

Mailing Address 29427 W Oakland Rd

City
Bay VillageState
OHZip Code
44140-1841FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson Memorial HospitalOccupation (for Individual)
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
08 / 10 / 2026

Transaction ID : 42D5940651E46058E41B

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.82

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

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

FOR LINE NUMBER: PAGE 100 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hartz, Leesa, T, ,

Mailing Address 709 Cleermont Dr SE

City
Huntsville

State
AL

Zip Code
35801-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Huntsville Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2026

Transaction ID : 11979B97F3E748F68723

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hazel, Lisa, D, ,

Mailing Address 3030 Redford Dr

City
Greensboro

State
NC

Zip Code
27408-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cone Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 04 / 2026

Transaction ID : 4D58A7AB08CD13D0B38B

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Heacock, Nathan, John Wilson, ,

Mailing Address 5145 Reservation Rd

City
Placerville

State
CA

Zip Code
95667-9743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Slope Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 03 / 2026

Transaction ID : 49C99E2CE4C89055FE4A

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

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

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

FOR LINE NUMBER: PAGE 101 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heath, Janet, Lyn, ,

Mailing Address 218 Green Island Rd

City
Savannah

State
GA

Zip Code
31411-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 20 / 2026

Transaction ID : 2308078068BF4403B28E

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hegner, Tracy, Marie, ,

Mailing Address 3687 Kendall Ave

City
Cincinnati

State
OH

Zip Code
45208-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UK Healthcare,

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 21 / 2026

Transaction ID : 4725BA3981C8DEBDDF64

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Heikkila, Dianna, M, ,

Mailing Address 1409 Farmgate Cir

City
Roseville

State
CA

Zip Code
95747-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 31 / 2026

Transaction ID : 4F025149DF314C67AA73

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

580.41

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

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

FOR LINE NUMBER: PAGE 102 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hemingway, Ursula, , ,

Mailing Address 4406 Stanville Dr

City
Katy

State
TX

Zip Code
77494-3364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Earnest Anesthesia Services PLLC

Occupation (for Individual)
CRN Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 20 / 2026

Transaction ID : 44FEB1F1EDB4CD271D3A

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hemrick, Daniel, M, ,

Mailing Address 2940 Canterbury Rd

City

Mountain Brk

State

AL

Zip Code

35223-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dpi of Alabama

Occupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 24 / 2026

Transaction ID : 44A79CC9042897C96B09

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Herman, Thaddeus, L, ,

Mailing Address 128 E 5th St

Apt 5

City

Covington

State

KY

Zip Code

41011-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Hospital Systems

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2026

Transaction ID : 56A2516C22BE4C54A198

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

433.33

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

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

FOR LINE NUMBER: PAGE 103 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Herrick, Amy, E, ,

Mailing Address 3201 Saint Charles Ave
Apt 222

City
New Orleans

State
LA

Zip Code
70115-4504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alameda COunty Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 26 / 2026

Transaction ID : 4A2F98AEFC59E74BF816

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hessel, Jessica, Ann, ,

Mailing Address 201 S Deerwood Dr

City
West Chester

State
PA

Zip Code
19382-7174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Anesthesia Services, Drexel Uni

Occupation (for Individual)
CRNA, Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 08 / 2026

Transaction ID : 4A7EB07C772261DBD4DD

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hetrick, Kendra, Michelle, ,

Mailing Address 2456 Royal York Ave

City
Charlotte

State
NC

Zip Code
28210-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novant Health Forsyth Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 07 / 2026

Transaction ID : 42C48A01495F62F41B72

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

230.41

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

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

FOR LINE NUMBER: PAGE 104 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Higgins, Tanya, , ,

Mailing Address 784 Lakeview Ridge Ln

City
Colgate

State
WI

Zip Code
53017-9325

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
1099

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

08 / 15 / 2026

Transaction ID : 466C967A4F5D74C37519

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Higginson, Tyler, G, ,

Mailing Address N1738 Catherine Way

City
Waupaca

State
WI

Zip Code
54981-8421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Association of Hospital Anesthesiologi

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 27 / 2026

Transaction ID : 42CE9AE2795D24410914

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. High, Amber, E, ,

Mailing Address 1923 Caroline St

City
Dickinson

State
TX

Zip Code
77539-3839

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UTMB

Occupation (for Individual)
CRNA, Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 14 / 2026

Transaction ID : 472E9D498D9700B095E0

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

155.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hill, Jena, M, ,

Mailing Address 6512 Shepherd Oaks Rd

City
LakelandState
FLZip Code
33811-3164FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Diamante Anesthesia LLC, Teamhealth AnOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 47E8A26000AF9DCCF1B9

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hill, Linda, T, ,

Mailing Address 1773 Seven Pines Ln

City
ChattanoogaState
TNZip Code
37415-6652FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Tennessee at ChattanoogaOccupation (for Individual)
Program Director Nurse Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : 4A9891B06BFC6C9E5D04

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hillman, Andria, , ,Mailing Address 14900 Avery Ranch Blvd
#286, Ste C200City
AustinState
TXZip Code
78717-3961FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BSWOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 495ABBCCFE13F97DD910

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

216.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hoersting, Wendy, , ,Mailing Address 700 Wilmington Island Rd
T7, Apt T7City
SavannahState
GAZip Code
31410-4528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chatham Oral SurgeryOccupation (for Individual)
Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.41

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 483E90A700FF54FC2B7F

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hoffmaster, Jessica, M, ,

Mailing Address 150 Jwana Cir

City
OregonState
WIZip Code
53575-3918FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dean Medical Group - SSM Health WisconOccupation (for Individual)
CRNA Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 4F4294B160C04BFB8318

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hogan, Gerard, T, ,

Mailing Address 1324 Dancy St

City
JacksonvilleState
FLZip Code
32205-8319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida State UniversityOccupation (for Individual)
CRNA Program Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : 44969E40C7CA947E750A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1060.82

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

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

FOR LINE NUMBER: PAGE 107 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hogan, Gerard, T, ,

Mailing Address 1324 Dancy St

City
Jacksonville

State
FL

Zip Code
32205-8319

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida State University

Occupation (for Individual)
CRNA Program Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 12 / 2026

Transaction ID : 4EEB89A5839700D701AD

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hollendyke, Mamawa, , ,

Mailing Address 555 W 53rd St
Apt 658

City
New York

State
NY

Zip Code
10019-5957

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Envision Services

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.64

Date of Receipt

08 / 01 / 2026

Transaction ID : 4931847AF6BDA92DC120

Amount of Each Receipt this Period

2.08

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Holmes, Jay, , ,

Mailing Address 5704 Osbourne Dr

City
Windsor

State
CO

Zip Code
80550-2748

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NCAP

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 12 / 2026

Transaction ID : 4FEBBF47EFA1C058B0A6

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

168.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hooks, Brad, A, ,

Mailing Address 13508 County Road 1

City
FairhopeState
ALZip Code
36532-5972FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cajun Anesthesia, LLCOccupation (for Individual)
Cardiac/NSPM CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1716.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2026

Transaction ID : 4226B911745D0179DCDA

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hopper, Lauryn, Elizabeth, ,

Mailing Address 2080 N Perry Ln

City
ClovisState
CAZip Code
93619-7488FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ataraxy AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2026

Transaction ID : 423DB5D6C74327DD3BA5

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Howell, William, Andrew, ,

Mailing Address 4042 Island Creek Rd

City
ValdostaState
GAZip Code
31601-0190FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sentry/NorthStar AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 4171B969D15A92B98291

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

341.66

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

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

FOR LINE NUMBER: PAGE 109 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hsu, Anna, , ,

Mailing Address 2052 S Holly St
Unit 3

City
Denver

State
CO

Zip Code
80222-5111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Colorado Anschutz Medica

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 25 / 2026

Transaction ID : 4332965ED336C263CE2D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Huber, Dana, Marie, ,

Mailing Address 1020 Hills Plantation Dr

City
Charleston

State
SC

Zip Code
29412-8341

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
1099

Occupation (for Individual)
CRNa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 08 / 2026

Transaction ID : 465A8481C888E7692006

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Huff, Amanda, Marie, ,

Mailing Address PO Box 243

City
Bremen

State
IN

Zip Code
46506-0243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 03 / 2026

Transaction ID : 457F9549CA2D1535D5E9

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hurt, Marianne, Marie, ,

Mailing Address 54578 Hibiscus Dr

City
MacombState
MIZip Code
48042-2263FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Macomb HospitalOccupation (for Individual)
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : 4C8EA22BA34F2F327AB9

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ianovale, Sarah, R, ,

Mailing Address 103 Barefield Ln

City
ConshohockenState
PAZip Code
19428-3223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Einstein Medical Center MontgomeryOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 4C76B1D56EB3982682E5

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ioset, Nicole, B, ,

Mailing Address 11142 Blue Eyed Grass St

City
El PasoState
TXZip Code
79934-3506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US ArmyOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 4F398D1FDDC07BBF46B8

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Iskandarani, Basma, , ,

Mailing Address 517 NW 35th St

City
Oklahoma CityState
OKZip Code
73118-7307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SSM HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2026

Transaction ID : 43369BE72A8C5AC246FD

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Iszard, Marcia, A, ,

Mailing Address 1522 Macedonia Church Rd

City
RidgewayState
SCZip Code
29130-9796FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of South CarolinaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2026

Transaction ID : 470A935CB23C58047815

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jackson, Christine, R, ,

Mailing Address 305 Gilmer Ct

City
CantonState
GAZip Code
30115-2012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Niorun AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2026

Transaction ID : 4D079A9E1A8D8666334F

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

197.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jacobson, Richard, Y, ,

Mailing Address 221 Oak Wood Cir

City
WaverlyState
IAZip Code
50677-9245FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Iowa AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2026

Transaction ID : 4C71BAC5DC50B53AAB61

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. James, Davis, Owen, ,

Mailing Address 181 Woodcliff Rd

City
SpringdaleState
ARZip Code
72764-3688FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwest Anesthesiologist AssociatesOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2026

Transaction ID : 4C06B6206829FCD17BA6

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. James, Jacquelyn, , ,

Mailing Address 11920 W 775 Rd

City
HulbertState
OKZip Code
74441-2900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indian Health ServiceOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2026

Transaction ID : 4A348402BAB077F03E15

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

249.99

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

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

FOR LINE NUMBER: PAGE 113 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jenkins, Jenna, , ,

Mailing Address 220 Guilford Blvd

City
Medina

State
OH

Zip Code
44256-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland Clinic

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 28 / 2026

Transaction ID : 497A9DDD3A80B31296DD

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jeter, Leslie, Ann, ,

Mailing Address 4615 Peachtree Dunwoody Rd

City

Sandy Springs

State

GA

Zip Code

30342-2844

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory University

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

08 / 21 / 2026

Transaction ID : 94C701AF9D134F4EAC7D

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johns, Jason, , ,

Mailing Address 2159 Diamond Hill Rd

City

Saint Johnsbury

State

VT

Zip Code

05819-4646

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeastern Vermont Regional Hospital

Occupation (for Individual)
Director of Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 27 / 2026

Transaction ID : 4D1DAEC6F0C74DC83F48

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

560.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, Glade, Warren, ,

Mailing Address 16238 E Fairview St

City
GilbertState
AZZip Code
85295-1907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greater Anesthesia SolutionsOccupation (for Individual)
Nurse anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : 4B35A1D72266A9F6C6FB

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Johnson, Joshua, Brent, ,

Mailing Address 6033 Sandy Miles Way

City
Myrtle BeachState
SCZip Code
29577-2283FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McLeod Physician Associates.Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 45038C3E88D000FAF3D0

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, Mario, , ,

Mailing Address 11045 Latting Woods Rd

City
CordovaState
TNZip Code
38016-5568FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent ContractorOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 4A3EAE2B0A39BA47445F

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

197.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 115 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Johnson, Timothy, P, ,

Mailing Address 2504 Turnbury Rd

City
HowardState
WIZip Code
54313-9555FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US GovernmentOccupation (for Individual)
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
08 / 31 / 2026**Transaction ID : 80B271213AB74150853B**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jordan, Lorraine, M, ,

Mailing Address 713 Potomac Ave

City
NapervilleState
ILZip Code
60565-3422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANAOccupation (for Individual)
Senior Director

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
08 / 22 / 2026**Transaction ID : D6A5B0CE04C643539E16**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jordan-Lewis, Beth, Nichole, ,

Mailing Address 2108 Kirby Ave

City
ChattanoogaState
TNZip Code
37404-3617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Team HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 09 / 2026**Transaction ID : 46AE864A82110CD4D770**

Amount of Each Receipt this Period

30.41

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1030.41

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

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

FOR LINE NUMBER: PAGE 116 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Joyce, Joseph, A, ,

Mailing Address 1010 Westminster Dr

City
Greensboro

State
NC

Zip Code
27410-4648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eagle Physicians

Occupation (for Individual)
Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 01 / 2026

Transaction ID : 4B35A2348641EBDED30A

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Joyner, Meredith, Farina, ,

Mailing Address 5232 Wythe Ave

City
Richmond

State
VA

Zip Code
23226-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Solutions, PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.75

Date of Receipt

08 / 20 / 2026

Transaction ID : 447DBDD840E9728F34FB

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Juhasz, Nicole, Marie, ,

Mailing Address 3828 Hamby Rd

City
Georgetown

State
IN

Zip Code
47122-9762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Louisville Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 23 / 2026

Transaction ID : 428D98818434BD46CE0E

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

204.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jules, Annie, , ,

Mailing Address 1526 S Taylor St

City
PhiladelphiaState
PAZip Code
19146-4012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStarOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 42DFBD939BA45C7F1A36

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kahveci, Allyson, , ,

Mailing Address 102 Sleepy Hollow Rd

City
RichmondState
VAZip Code
23229-7831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VCU Health SystemOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2026

Transaction ID : 48C584B3CB2A89717BD9

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kahveci, Selim, Hasan, ,

Mailing Address 102 Sleepy Hollow Rd

City
RichmondState
VAZip Code
23229-7831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2026

Transaction ID : 49AF98CE6E3763343F18

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kalynych, Nicholas, M, ,

Mailing Address 322 Scenic Point Ln

City
Fleming IslandState
FLZip Code
32003-7100FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sunbelt Health Solutions, LLCOccupation (for Individual)
Managing Partner/ Chairman

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
08 / 11 / 2026**Transaction ID : CB0744D85C744B4D874B**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kamlet, Meghan, Thompson, ,

Mailing Address 70 Fair St

City
CooperstownState
NYZip Code
13326-1310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bassett hospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026**Transaction ID : 48369ED7222E3064FC53**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Karcher, Wesley, Eric, ,

Mailing Address 428 Clubview Dr

City
WoodstockState
GAZip Code
30189-7021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Citadel AnesthesiologyOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1341.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026**Transaction ID : 4571AC09F35EA7B28805**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

363.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 119 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kasasa, Rehema, N, ,

Mailing Address 16018 Lost Crop Dr

City
MoseleyState
VAZip Code
23120-0047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2026**Transaction ID : 46C9A96FA0D2FFE349BB**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kawa, Nicole, , ,

Mailing Address 203 South Rd

City
WilmingtonState
DEZip Code
19809-3034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associates in Anesthesia IncOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026**Transaction ID : 442EADDA1FBD1305827C**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keats, Ariele, Elizabeth, ,

Mailing Address 376 Ford Ave

City
VenturaState
CAZip Code
93003-2461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SomniaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

833.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2026**Transaction ID : 4C2CA57963BFFD7092C2**

Amount of Each Receipt this Period

41.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

174.99

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

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

FOR LINE NUMBER: PAGE 120 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keddy, Sandra, J, ,

Mailing Address 319 Avery Trail Dr

City
Arden

State
NC

Zip Code
28704-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Missions Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1243.28

Date of Receipt

08 / 24 / 2026

Transaction ID : 4EEDB0EC97AB1438D142

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Keller, Tiffany, Ann, ,

Mailing Address 7449 Valley View Ln

City
Reading

State
PA

Zip Code
19606-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pinnacle health

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 11 / 2026

Transaction ID : 4F2FAD85984C416AB23A

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kelley, Jordan, Ray, ,

Mailing Address 2436 Summer Home St

City
Las Vegas

State
NV

Zip Code
89135-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Anesthesia Partners

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 06 / 2026

Transaction ID : 4E76B7084D90E8B52FB5

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 121 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kelley, Mackenzie, L, ,

Mailing Address 1615 Silver Maple Trl

City
North LibertyState
IAZip Code
52317-4738FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA Medical CenterOccupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : 4ADAA8CFD04718D0F520

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kemp, Lucas, A, ,

Mailing Address E12638 Bay Rd

City
MerrimacState
WIZip Code
53561-9558FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2026

Transaction ID : 416C8ADA77576882F951

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kenney, Carrie, E, ,

Mailing Address 103 Richards Ln

City
NewarkState
DEZip Code
19711-5734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services, P.A.Occupation (for Individual)
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
08 / 22 / 2026

Transaction ID : 0CBC67E4CDA54E309FB0

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

310.82

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Khu, Remi, D, ,

Mailing Address 16506 S 1st West Ave

City
GlenpoolState
OKZip Code
74033-5323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Khu Anesthesia, IncOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 441E93D87D93411740D6

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kielkowski, Walter, J, ,

Mailing Address 3318 Darrah Ave

City
MorgantownState
WVZip Code
26508-9187FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Health Associates-WVU MedicOccupation (for Individual)
Certified Registered Nurse Anesthetist

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
08 / 01 / 2026

Transaction ID : 4F22B77C50116ABAAA10

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. King, Daniel, David, ,

Mailing Address 3821 N Kilpatrick Ave

City
ChicagoState
ILZip Code
60641-3629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rosalind Franklin University of MediciOccupation (for Individual)
Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1691.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 47039BF1BD3E26F55A31

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

416.66

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 123 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. King, Kimberly, S.,

Mailing Address 1 Scott Ln

City
FairfieldState
ILZip Code
62837-1132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FMHOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2026

Transaction ID : 4EFA8CD7896BF2C729A2

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. King, Preston, Norman, ,

Mailing Address 514 Americas Way
23255City
Box ElderState
SDZip Code
57719-7600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
King Anesthesia LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2026

Transaction ID : 4321A65649EE8405ACFA

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kitchen, Latonya, Jeanette, ,

Mailing Address 11757 Currin Ct

City
PlymouthState
MIZip Code
48170-3595FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trinity Health Hospital-Ann ArborOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2026

Transaction ID : 4C5285A6489C6B13C991

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

333.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klein, Jason, D, ,

Mailing Address 123 Savannah Heights Blvd

City
LyndState
MNZip Code
56157-1167FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Avera MarshallOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026**Transaction ID : 4FEFBE41485A8FCFD741**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Koonce, Brian, , ,

Mailing Address 3182 Cambria Loop

City

Carson City

State

NV

Zip Code

89703-5388

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
bkCRNA LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026**Transaction ID : 4FF394124DB4BF5EC9BD**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Krmic, Yana, , ,

Mailing Address 41 Driftwood

City

Somers

State

NY

Zip Code

10589-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
CRNA, APRN,MSN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1909.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : 4E379E055C4ACDCB2701**

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

341.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kub, Dawn, E, ,

Mailing Address 1058 Campbell St

City
OrlandoState
FLZip Code
32806-7040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2026

Transaction ID : 46F79339FD6C62AD9735

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kuhn, Paul, , ,Mailing Address 528 Hampton Pl
Apt 2City
PortsmouthState
VAZip Code
23704-2500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States NavyOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2026

Transaction ID : 41F28EC5A40BA3EFA8DB

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kuz, Adam, M, ,

Mailing Address 1038 Longspur Blvd

City
Lake OrionState
MIZip Code
48360-2561FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
refusedOccupation (for Individual)
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 4D948B0AD2B2B69CC7DE

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

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

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

FOR LINE NUMBER: PAGE 126 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LaBresh, Donna, , ,

Mailing Address 3636 Arcadia Dr

City
Tuscaloosa

State
AL

Zip Code
35404-4364

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self employed

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 09 / 2026

Transaction ID : 4EC696EE4C699EEF6402

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lake, Faminda, Tewoh, ,

Mailing Address 2011 Silver Sycamore Ln

City
Dumfries

State
VA

Zip Code
22026-2851

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FAA

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 11 / 2026

Transaction ID : 4404BA8BBE2AA85891FD

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lam, Carmelita, Q, ,

Mailing Address 14202 Red Carriage Ct

City
Houston

State
TX

Zip Code
77062-2194

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

USAP

Occupation (for Individual)

STAFF CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 24 / 2026

Transaction ID : E5E01300AFBE4BCAA326

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.82

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

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

FOR LINE NUMBER: PAGE 127 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lane, Laura, M, ,

Mailing Address 3138 Island Beach Rd
3138 Island Beach Rd

City
Marquette

State
MI

Zip Code
49855-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent locums

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

08 / 10 / 2026

Transaction ID : 468CA9206B1B5BBB5FE7

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lane, Laura, M, ,

Mailing Address 3138 Island Beach Rd
3138 Island Beach Rd

City
Marquette

State
MI

Zip Code
49855-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent locums

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

08 / 31 / 2026

Transaction ID : 3C75C9A4E6214F0C9125

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lanzillotta-Rangeley, Jennifer, , ,

Mailing Address 1265 Olive Ln

City
Billings

State
MT

Zip Code
59105-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Billings Clinic Hospital

Occupation (for Individual)
CRNA/RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 28 / 2026

Transaction ID : 42D49D1D90C4EDD7C1A1

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

248.33

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

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

FOR LINE NUMBER: PAGE 128 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Laquerre, Summer, Ray, ,

Mailing Address 22555 Waterbury St

City
Woodland Hills

State
CA

Zip Code
91364-4924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 06 / 2026

Transaction ID : 4D6790DEF620FD929341

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Laramie, Amy, L, ,

Mailing Address 3660 W Tienken Rd

City
Rochester Hills

State
MI

Zip Code
48306-3766

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2026

Transaction ID : 45DEAAC1A166E8CAD65F

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lashley, Melissa, Jo, ,

Mailing Address 692 John Meyer Dr

City
Saint Charles

State
MO

Zip Code
63304-5622

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metro West Anesthesia

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2026

Transaction ID : 416CA774D3F18E0F7749

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

183.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lauritano, Angela, CampoBasso, ,

Mailing Address 4107 Falkirk Ln

City
HoustonState
TXZip Code
77025-2909FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Caliber HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : F982799C0FB3494BB799

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lauro, Lisa, , ,

Mailing Address 147 Dock House Rd

City

Saint Johns

State

FL

Zip Code

32259-7354

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nurse Shark Anesthesia, LLCOccupation (for Individual)
CRNA, business owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026

Transaction ID : 45E7B7FC8EDBF159AA6A

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Layne, Kimberly, Ann, ,

Mailing Address 15800 Regina Ave

City

Allen Park

State

MI

Zip Code

48101-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford HospitalOccupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : 4A569F69E426640A240C

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1113.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Leach, Steven, R, ,

Mailing Address 1049 Redfish St

City
Bayou VistaState
TXZip Code
77563-2711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northstar AnesthesiaOccupation (for Individual)
VP CRNA Services

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
08 / 21 / 2026**Transaction ID : 4CD3AA6865FDEA0122E2**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lee, Amy, Whitt, ,

Mailing Address 889 Waterbury Rd

City
MidlandState
NCZip Code
28107-7216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2026**Transaction ID : 43BAA791D567A75D3D1D**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lee, Stephen, , ,

Mailing Address 3122 Chuska Mountain Ln

City
ManvelState
TXZip Code
77578-3690FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Anesthesia PartnersOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2026**Transaction ID : 4737A0B7DAC4C769E3BC**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

251.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lee-Villarreal, Lydia, Jiyeon, ,

Mailing Address 1 Morris Ln

City
East LymeState
CTZip Code
06333-1536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEMG Anesthesia Associates of New LondOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1524.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : 476D8D1A731D77962482

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leger, Sephra, Elaine, ,

Mailing Address 50 Knapp Rd

City
DummerstonState
VTZip Code
05301-7913FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sephra Anesthesia, LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 447FB18900EE20D4E9EA

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lewis, Charnelle, , ,

Mailing Address 842 Laurelmont Dr SW

City
AtlantaState
GAZip Code
30311-2938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Somnus AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 4DB19C8329874B8C8B8D

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

374.99

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

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

FOR LINE NUMBER: PAGE 132 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lindsay, Raymond, J, ,

Mailing Address 4622 Richmond Rd

City
Keswick

State
VA

Zip Code
22947-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2026

Transaction ID : 7F1B6A5646FC4476A5EB

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Linton, Julie, Elizabeth, ,

Mailing Address 293 Luther Ln

City
Martinsburg

State
WV

Zip Code
25403-5827

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Shenandoah Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.99

Date of Receipt

08 / 24 / 2026

Transaction ID : 44CFA467B9FDC19BC9DA

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Litchholt, Rebecca, Lee, ,

Mailing Address 9548 Aspen Brook Ct

City
Dayton

State
OH

Zip Code
45458-2968

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cin-Day Anesthesia Solutions, Inc.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 26 / 2026

Transaction ID : 4302BC4FFC05C0112F1B

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

383.33

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

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

FOR LINE NUMBER: PAGE 133 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Loek, Wayne, K, ,

Mailing Address 1228 Richfield Ct

City
Woodridge

State
IL

Zip Code
60517-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Premiere Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2231.64

Date of Receipt

08 / 15 / 2026

Transaction ID : 43A58AC15B65B6BB574E

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lofland, Jennifer, S, ,

Mailing Address 34 Willow Rd

City
Menlo Park

State
CA

Zip Code
94025-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford Health Care

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 26 / 2026

Transaction ID : 4BF2A70E7562595F556E

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Loi, Marco, , ,

Mailing Address 36 Gould St

City
Wakefield

State
MA

Zip Code
01880-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winchester Anesthesia Associates

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 23 / 2026

Transaction ID : 4A99B5F99EBB733402F7

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

380.41

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

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

FOR LINE NUMBER: PAGE 134 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Losi, Peter, , ,

Mailing Address 1916 Lasseter Dr

City
Mansfield

State
TX

Zip Code
76063-5388

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Noble Anesthesia Partners

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2026

Transaction ID : 4BF1AF7C2FE0612862AE

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Loudermilk, Chelsea, Lynn, ,

Mailing Address 507 Garland St

City
Davison

State
MI

Zip Code
48423-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Covenant HealthCare

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 02 / 2026

Transaction ID : 4CCC941C59B0DFE1255A

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lowry, Katherine, Davis, ,

Mailing Address 682 McCants Dr

City
Mount Pleasant

State
SC

Zip Code
29464-4814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical University of South Carolina

Occupation (for Individual)
Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 25 / 2026

Transaction ID : 40AB9184B701441E9889

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lucas, Lisa, L, ,Mailing Address 7794 Kings College Ave
Apt 373City
GermantownState
TNZip Code
38138-2097FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VAMCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2026**Transaction ID : 43C38EF5F635E19F3261**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lundgren, Karin, , ,

Mailing Address 5070 Lauderdale Ave

City
Virginia BchState
VAZip Code
23455-1379FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lundgren Anesthesia Care, LLC.Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2026**Transaction ID : 459BA599DD033F8CE3E7**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lynch, Dayna, A, ,

Mailing Address 1628 11th Ave W

City
SeattleState
WAZip Code
98119-2904FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seattle Children's HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026**Transaction ID : 45B88BD67BE54C9A29A3**

Amount of Each Receipt this Period

30.41

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

197.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 136 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maag, Brett, Michael, ,

Mailing Address 4239 Bluff Point Ct

City
Hazel GreenState
WIZip Code
53811-9360FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southwest HealthOccupation (for Individual)
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
08 / 06 / 2026

Transaction ID : 1F45C5FC484B49D1BBE8

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MacKinnon, Michael, Alexander, ,

Mailing Address 1190 E Pine Oaks Dr

City
Show LowState
AZZip Code
85901-7356FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MacKinnon AnestheisaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1281.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2026

Transaction ID : 4706B5D810F353E09F26

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Madden, Ann, Rose, ,

Mailing Address 7580 Peyton Pkwy

City
VeronaState
WIZip Code
53593-8559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Edgewood UniversityOccupation (for Individual)
Program Director

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
08 / 19 / 2026

Transaction ID : 4AF5B2356AA0105B1C50

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

583.33

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

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

FOR LINE NUMBER: PAGE 137 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Madison, John, J, ,

Mailing Address 18 Hillcrest Ave

City
Oaklyn

State
NJ

Zip Code
08107-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jefferson University

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4C05A29519646CF5550A

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mainwaring, Jacqueline, M, ,

Mailing Address 4 N Hampshire Ct

City
Wilmington

State
DE

Zip Code
19807-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wilmington University

Occupation (for Individual)
Director, Nurse Anesthesiology Program

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

08 / 03 / 2026

Transaction ID : A83C123996534C7589DF

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Malin, Barlow, , ,

Mailing Address 10737 E Trillium Ave

City
Mesa

State
AZ

Zip Code
85212-8577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Envision

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 14 / 2026

Transaction ID : 46759E19301DB70E87BA

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

160.82

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mandelbaum, Frances, , ,Mailing Address 334 2nd Ave S
1511, Apt 1511City
St PetersburgState
FLZip Code
33701-4758FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2026

Transaction ID : 4D4C83960664CEC8CB5E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mann, Carol, Boetger, ,Mailing Address 4079 Governor Dr
800City
San DiegoState
CAZip Code
92122-2522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mission Consultants Nursing, IncOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2026

Transaction ID : 49AABFF4C8E45DE572C9

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Maples, Bradley, , ,

Mailing Address 611 NE 30th St

City
ElginState
OKZip Code
73538-2130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southwestern Medical CenterOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 4FF6B897D45AC3017079

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

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

213.74

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

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

FOR LINE NUMBER: PAGE 139 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marlow, Elizabeth, , ,

Mailing Address 7102 98th Street Ct E

City
Puyallup

State
WA

Zip Code
98373-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 07 / 2026

Transaction ID : 49428C0EAE9C1385406A

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martin, Ridele, , ,

Mailing Address 10439 Talitha Trl

City
Richmond

State
TX

Zip Code
77406-3167

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT Health Houston

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 12 / 2026

Transaction ID : 49B18C2CDD897FF71D43

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martin, Svetlana, Viktorovna, ,

Mailing Address 1216 Brady Porth Rd

City
Lexington

State
SC

Zip Code
29072-9728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRISMA HEALTH

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2025.00

Date of Receipt

08 / 05 / 2026

Transaction ID : DB0BFFE877464BE39E9C

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1570.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maslowski, Hali, Jean Haukos, ,

Mailing Address 560 Edgewood Dr

City
GlencoeState
MNZip Code
55336-3109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hutchinson Health

Occupation (for Individual)

Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : 4E4D85CA146B3AD32CDD

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mason, Jill, A, ,

Mailing Address 10864 Inside Loop

City
OrlandoState
FLZip Code
32825-8884FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AdventHealth University DNAP Program

Occupation (for Individual)

Chair/Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1791.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2026

Transaction ID : 409EA13DE6097942C7C5

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mason, JP, , ,Mailing Address 25 Massachusetts Ave NW
Ste 320City
WashingtonState
DCZip Code
20001-7418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AANA

Occupation (for Individual)

Fed Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2026

Transaction ID : 4227AA2E68EDCDC65A5B

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

322.07

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

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

FOR LINE NUMBER: PAGE 141 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mason, Lindsay, A, ,

Mailing Address 9604 Forest Ridge Ln

City
Middleville

State
MI

Zip Code
49333-9190

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan State University

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.05

Date of Receipt

08 / 20 / 2026

Transaction ID : 4CE48539EAD034914F8C

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Matson, Jeffrey, W, ,

Mailing Address 4034 N Sawyer Ave

City
Chicago

State
IL

Zip Code
60618-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Illinois Chicago

Occupation (for Individual)
Nurse Anesthetist and Nurse Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 22 / 2026

Transaction ID : 462A905FA91F2C2E5E5A

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Matus, Teresa, M, ,

Mailing Address 5702 N 18th Pl

City
Phoenix

State
AZ

Zip Code
85016-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Breathe Easy Anesthesia Services PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 28 / 2026

Transaction ID : 4BF7889201C1FD0BF395

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

168.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 142 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maw, Lisa, P, ,

Mailing Address 23 Summit Farm Ln

City
Saint PaulState
MNZip Code
55110-3109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Associated Anesthesiologists, PAOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : 4D78960FA1F56DDC9614

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maxwell, Kathy, M, ,

Mailing Address 265 Sargent Dr

City
EllsworthState
MEZip Code
04605-3072FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
True North AnesthesiaOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 499CBB65353B6614E49A

Amount of Each Receipt this Period

208.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Maxwell, Kathy, M, ,

Mailing Address 265 Sargent Dr

City
EllsworthState
MEZip Code
04605-3072FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
True North AnesthesiaOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2026

Transaction ID : 4056AD96FF679219B322

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

447.08

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

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

FOR LINE NUMBER: PAGE 143 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McCarty, Melissa, J, ,

Mailing Address 7917 Raegan Ln

City
Spanish Fort

State
AL

Zip Code
36527-7066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

08 / 05 / 2026

Transaction ID : 4753A26EFF00E6BB5BF0

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McDannald, Charles, M, , III

Mailing Address 3570 S River Pkwy
Unit 1011

City
Portland

State
OR

Zip Code
97239-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OHSU

Occupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 01 / 2026

Transaction ID : 42C08B9FAF02DC34A871

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McDonald, Charlene, M, ,

Mailing Address 12569 SW 15th street

City
Benton

State
KS

Zip Code
67017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Practice Associates, LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 12 / 2026

Transaction ID : 4485B5A0128D506C2401

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

105.00

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

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

FOR LINE NUMBER: PAGE 144 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McDonald, Erica, Michele, ,

Mailing Address 246 Whidbey Ridge Ln

City
Coupeville

State
WA

Zip Code
98239-4531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McDonald Anesthesia P.A.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

08 / 14 / 2026

Transaction ID : 40DFB7087ED9D5EBBA62

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McGarry, Sean, P, ,

Mailing Address 659 Western Ave

City
Albany

State
NY

Zip Code
12203-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical College

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1133.31

Date of Receipt

08 / 26 / 2026

Transaction ID : 45AC945D97FD8035E183

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McGarry, Sean, P, ,

Mailing Address 659 Western Ave

City
Albany

State
NY

Zip Code
12203-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical College

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1133.31

Date of Receipt

08 / 31 / 2026

Transaction ID : 471400B7DAD44091B8B9

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

424.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 145 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McLean, Brenda, , ,

Mailing Address 6 Farmery Rd

City
Sandy HookState
CTZip Code
06482-1660FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
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
08 / 16 / 2026**Transaction ID : 4F02929F15EE5031BA9E**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McLean, Sean, Ross, ,

Mailing Address 738 N 780 E

City
LindonState
UTZip Code
84042-2559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Timpanogos WellbeingOccupation (for Individual)
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
08 / 20 / 2026**Transaction ID : 4E5EBCA4E08CF669E934**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McLeod, Jennifer, Denise, ,

Mailing Address 523 Garden Cir

City
La GrangeState
KYZip Code
40031-7758FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Norton Hospitals, IncOccupation (for Individual)
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2026**Transaction ID : 47439991E538D74A903E**

Amount of Each Receipt this Period

30.41

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McMahon, Kelly, Lorraine, ,

Mailing Address 4512 W Lord Redman Loop

City
TucsonState
AZZip Code
85741-4039FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McMahon Anesthesia Service, LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : 4ED4B991C367D7E68F73

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McMillan, Shaneisha, , ,

Mailing Address 1230 N Gay St

City
BaltimoreState
MDZip Code
21213-3137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
StudentOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026

Transaction ID : 474783C00A7CDAB99795

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Medina, Ramon, Luis, ,Mailing Address 2649 Frontage Rd NW
Apt 606City
RoanokeState
VAZip Code
24017-1455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carilion Professional ServicesOccupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3466.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026

Transaction ID : 4C5FBE1FD7444AE54CEB

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

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

269.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Medina, Ramon, Luis, ,Mailing Address 2649 Frontage Rd NW
Apt 606City
RoanokeState
VAZip Code
24017-1455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carilion Professional ServicesOccupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3466.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 4598B389DC07C787E0AA

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Meisinger, Logan, Nathaniel, ,

Mailing Address 826 S Cowan Ave

City
YorkState
NEZip Code
68467-4112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
York GeneralOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026

Transaction ID : 4956A4072C5918EE980A

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melchi, Joseph, Alan, ,

Mailing Address 10760 Mangrove Loop

City
Plain CityState
OHZip Code
43064-3540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rural Anesthesia ManagementOccupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026

Transaction ID : 4F78B9DCE78AD19EAF52

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

408.34

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

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

FOR LINE NUMBER: PAGE 148 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mellen, Regina, M, ,

Mailing Address 3093 W 163rd St N

City
Skiatook

State
OK

Zip Code
74070-1078

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JPMC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 05 / 2026

Transaction ID : 48D7A0EAD0935C4037D

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mellens, Joseph, Walter, ,

Mailing Address 11 N Stough St

City
Hinsdale

State
IL

Zip Code
60521-3060

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Double vision anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 25 / 2026

Transaction ID : 456A9A66D0E34DCD4591

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Merry, Charles, W, ,

Mailing Address 3916 Dupont Cir

City
Jacksonville

State
FL

Zip Code
32205-9308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jax anesthesia

Occupation (for Individual)
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 01 / 2026

Transaction ID : 495FBA73E437CD478CCB

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

197.07

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

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

FOR LINE NUMBER: PAGE 149 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Meuti, Katherine, N, ,

Mailing Address 3559 Forest Bend Ter

City
Jacksonville

State
FL

Zip Code
32224-0800

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of north florida

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 11 / 2026

Transaction ID : 4E5FB79C7FD12FFA715C

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Meyer, Steven, T, ,

Mailing Address 678 Schaffer Rd

City
Boone

State
NC

Zip Code
28607-8080

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WATAUGA MEDICAL CENTER - APPRHS

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 05 / 2026

Transaction ID : 4659AC14430B12539111

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Miles, David, A, ,

Mailing Address 20544 Hickory Ct

City
Frankfort

State
IL

Zip Code
60423-8626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLA

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

08 / 06 / 2026

Transaction ID : 460691C25CE0B0F8CAA2

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

322.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Alexia, , ,

Mailing Address 1466 Sherbourne St

City
Winter GardenState
FLZip Code
34787-4692FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EnvisionOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2026

Transaction ID : 40389CD64F7D79CA9620

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Charles, Brian, ,

Mailing Address 9528 Imperial Dr

City
OoltewahState
TNZip Code
37363-8921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Scenic City Neurotherapy and KetamineOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026

Transaction ID : 4ACB931FEA4D9B2E8A6E

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Milligan, Sarah, R, ,

Mailing Address 4264 W 227th St

City
ClevelandState
OHZip Code
44126-1833FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cleveland ClinicOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : 420DB1C91DEEA97AD60B

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

204.99

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

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

FOR LINE NUMBER: PAGE 151 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Milosh, Angela, M., ,

Mailing Address 242 Meadowood Ln

City
Moreland Hills

State
OH

Zip Code
44022-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Cleveland Clinic

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.69

Date of Receipt

08 / 26 / 2026

Transaction ID : 45CB9205991A5AD55876

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mitchell, James, Allen, ,

Mailing Address 27 Blake Ln

City
Winder

State
GA

Zip Code
30680-7330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atlanta Gastroenterology Associates

Occupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 01 / 2026

Transaction ID : 44678E38EC4A76D8EF87

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mitchell, Shad, , ,

Mailing Address 440 Squires Rd
Apt 7201

City
Lexington

State
KY

Zip Code
40515-5747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 18 / 2026

Transaction ID : 45EE8F6C9116A3C93565

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Molina, Laura, Todd, ,

Mailing Address 3606 Boone Park Ave

City
JacksonvilleState
FLZip Code
32205-9002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Anesthesia ServicesOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : 4DD9832C18AE3DD7B09B**

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Molter, Jeffrey, E, ,

Mailing Address 10335 Pinecrest Rd

City
Concord TownshipState
OHZip Code
44077-8814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Reserve Anesthesia AssociatesOccupation (for Individual)
CRNA- CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1941.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026**Transaction ID : 44BE870FA53AA55BD0C3**

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Money, Jamie, , ,Mailing Address 1280 E 17th Ave
312, Apt 312City
DenverState
COZip Code
80218-1589FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LocumsOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026**Transaction ID : 4740BCBA07BB1F6E5E0E**

Amount of Each Receipt this Period

365.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

614.99

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

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

FOR LINE NUMBER: PAGE 153 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Money, Jamie, , ,

Mailing Address 1280 E 17th Ave
312, Apt 312

City
Denver

State
CO

Zip Code
80218-1589

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Locums

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

08 / 30 / 2026

Transaction ID : 481DA36016240DC10866

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monrad, Wendy, L, ,

Mailing Address 4810 Southpark Bluff Dr

City
Anchorage

State
AK

Zip Code
99516-4845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ProVision Anesthesia Services

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 18 / 2026

Transaction ID : 82FDAB367E2D4DA4949A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moon, Steven, Taylor, ,

Mailing Address 6138 Hollow View Ln

City
Knoxville

State
TN

Zip Code
37924-1678

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Tennessee Medical Center

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2201.64

Date of Receipt

08 / 03 / 2026

Transaction ID : 433D9AD1A632C7CE64E6

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

508.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, Diamond, Nicole, ,

Mailing Address 203 S Sweetwater Cove Blvd

City
LongwoodState
FLZip Code
32779-3330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Envision Physician ServicesOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 4CB8A0DF9981DF4586BB

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Moore, Sonya, D, ,

Mailing Address 37204 Deer Run

City
SolonState
OHZip Code
44139-2564FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CWRUOccupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : 4835BBD2E3E258C7C511

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morales, Timothy, Warren, ,

Mailing Address 2023 Laurelwood Trl

City
Missouri CityState
TXZip Code
77459-1942FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
1099 Independent ContractorOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026

Transaction ID : 4DAD8E72208EEE9FF3D9

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

322.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morgan, Emily, Morgan Allison, ,

Mailing Address 28 Camelfield Rd

City
WeavervilleState
NCZip Code
28787-9778FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2026

Transaction ID : 4C6D991041F915F1F877

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morgan, Kasey, Gragg, ,

Mailing Address 2211 Oxford Rd

City
RaleighState
NCZip Code
27608-1636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke University HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026

Transaction ID : 489688754ECE8C6570BB

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morgan, Kasey, Gragg, ,

Mailing Address 2211 Oxford Rd

City
RaleighState
NCZip Code
27608-1636FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke University HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

433.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 47FCB913A301D2E14F16

Amount of Each Receipt this Period

2.08

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

115.82

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

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

FOR LINE NUMBER: PAGE 156 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morgan-Baehr, Shannon, K, ,

Mailing Address 204 NE 51st St

City
Oak Island

State
NC

Zip Code
28465-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novant New Hannover Regional Medical C

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4E36AB648A8CC96E3C9D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morley, Wendy, E, ,

Mailing Address PO Box 255

City
Bayview

State
ID

Zip Code
83803-0255

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genesis Anesthesia

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.05

Date of Receipt

08 / 25 / 2026

Transaction ID : 4743A2F0FAFEBEEEE8478

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Morris, Jonathan, , ,

Mailing Address 23840 Greentree Ln

City
Eustis

State
FL

Zip Code
32736-9578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 04 / 2026

Transaction ID : 4A66A4DF5926DD06C168

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Morrison, Jean, Anne, ,

Mailing Address 279 Marjorie Blvd

City
LongwoodState
FLZip Code
32750-4631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sound AnesthesiaOccupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026**Transaction ID : 2B617A1CE0CC4452BFA4**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Muller, Carrie, M, ,

Mailing Address 329 Riviara Pl

City
ChesapeakeState
VAZip Code
23322-6992FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northstar AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026**Transaction ID : F22A34E5666544F5AFF6**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Murphy, Mathew, John, ,

Mailing Address 147 NE 11th St

City
Oak IslandState
NCZip Code
28465-6402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
East Coast Anesthesia AssociatesOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026**Transaction ID : 4B2699ABFEB8953F4AFE**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

258.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 158 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mwaura, David, Mundia, ,

Mailing Address 4529 Necker Ave

City
BaltimoreState
MDZip Code
21236-2927FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedlinkHealth anesthesiaOccupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026**Transaction ID : 49B98A46C8D5E316E31E**

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Myers, Sara, M, ,Mailing Address 2929 McGee Trfy
Apt 405City
Kansas CityState
MOZip Code
64108-3245FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Health Truman Medical CenteOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2026**Transaction ID : 42CFB9DBC700E3C24135**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ndobegang, Mbabndah, , , JrMailing Address 2892 Mark Andrew Dr
Unit 206City
DublinState
OHZip Code
43017-3084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Avita HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026**Transaction ID : 409691804E30416186DB**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

322.07

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

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

FOR LINE NUMBER: PAGE 159 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neagle, Joshua, Scott, ,

Mailing Address 29 Hanover St

City
Wallingford

State
CT

Zip Code
06492-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Integrated Anesthesia Associates

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.64

Date of Receipt

08 / 20 / 2026

Transaction ID : 4632B92D5D866590A500

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neimkin, Amy, Pfeil, ,

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 (for Individual)
UAB

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 18 / 2026

Transaction ID : 4AA3BCEB722D1BE58838

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neubauer, Mark, A, ,

Mailing Address 4116 Walnut Creek Ct

City
Fort Worth

State
TX

Zip Code
76137-3883

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Somnia Anesthesia

Occupation (for Individual)
VP clinical operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

08 / 11 / 2026

Transaction ID : 4605837EB189927D1920

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

374.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nevills, Kyle, Dale, ,Mailing Address 107 Thompson Rd
PO Box 333City
GrovetonState
NHZip Code
03582-4315FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Solace AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026

Transaction ID : 2B5DA73659A64B45BC80

Amount of Each Receipt this Period

83.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nevills, Kyle, Dale, ,Mailing Address 107 Thompson Rd
PO Box 333City
GrovetonState
NHZip Code
03582-4315FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Solace AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 059661C4E644455A9DE1

Amount of Each Receipt this Period

83.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. New, Luci, Leigh, ,

Mailing Address 677 Buckleigh Ct NW

City
ConcordState
NCZip Code
28027-6453FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest School of Medicine DepartmOccupation (for Individual)
Assistant Professor Education Innovato

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : 49458E2DD77DEA8ABF53

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.33

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

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

FOR LINE NUMBER: PAGE 161 OF 254
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Newell, Susan, M, ,

Mailing Address 8440 Foxglove Ave NW

City
Clinton

State
OH

Zip Code
44216-9502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
newell anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

08 / 21 / 2026

Transaction ID : 4D6F99DC1E580AC8F7B4

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ngo, Alexander, , ,

Mailing Address 2848 Royal Oaks Dr

City
El Dorado Hills

State
CA

Zip Code
95762-8029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
One Oak Anesthesia

Occupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

08 / 22 / 2026

Transaction ID : 4AA884F2FC8FE870AB6C

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nguyen, Emily, T, ,

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 (for Individual)
Parkland Health & Hospital System

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2026

Transaction ID : 1EFC0851178940F2B194

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

380.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 162 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Northcutt, Dania, , ,

Mailing Address 300 E 26th St

City
HoustonState
TXZip Code
77008-2314FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Restful Anesthesia, PLLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : 4AA39557E0E73FA115CF

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nugent, Hylda, , ,

Mailing Address 218 Arapahoe Rdg

City
WeatherfordState
TXZip Code
76087-3820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent ContractorOccupation (for Individual)
Anesthesia Provider

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
08 / 31 / 2026

Transaction ID : AD4E8A21AD2A483D860C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'Brien, Mary, K, ,

Mailing Address 1445 Deer Woods Dr NE

City
SwisherState
IAZip Code
52338-9436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Iowa Dept. of AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 4D6F9C63F39905AFC936

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

383.33

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

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

FOR LINE NUMBER: PAGE 163 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Con, Katrina, Vice, ,

Mailing Address 215 Celina Dr

City
Natchitoches

State
LA

Zip Code
71457-2858

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwestern State University

Occupation (for Individual)
Assistant Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4F8199CA4F99140A4DFF

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'Shea, Kathleen, L, ,

Mailing Address 49681 Manistee Dr

City
Chesterfield

State
MI

Zip Code
48047-4383

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pinnacle Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 14 / 2026

Transaction ID : 49BB9981EBC81C57054C

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Obermeyer, Stacey, A, ,

Mailing Address ON025 Underwood Drive

City
Geneva

State
IL

Zip Code
60134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Endeavor Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 23 / 2026

Transaction ID : 9BA014A9B35C4EE1899B

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.82

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

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

FOR LINE NUMBER: PAGE 164 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Odell, Wendy, K, ,

Mailing Address 1709 N Carroll Ave

City
Southlake

State
TX

Zip Code
76092-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Black Piranha, Inc

Occupation (for Individual)
Clinician and Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1641.64

Date of Receipt

08 / 10 / 2026

Transaction ID : 49B5BFE8956D7C471A41

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Odell, Wendy, K, ,

Mailing Address 1709 N Carroll Ave

City
Southlake

State
TX

Zip Code
76092-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Black Piranha, Inc

Occupation (for Individual)
Clinician and Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1641.64

Date of Receipt

08 / 21 / 2026

Transaction ID : 6EEF5C9F7B3B429C8E63

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Oestman, Fred, E, ,

Mailing Address 171 Cornish Hill Rd

City
Cooperstown

State
NY

Zip Code
13326-5116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BASSET MFD CTR

Occupation (for Individual)
C R N A

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 13 / 2026

Transaction ID : F074A18326EB45DAAC6C

Amount of Each Receipt this Period

360.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

843.33

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 165 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Olson, Joshua, David, ,

Mailing Address 2945 Burns St

City
DetroitState
MIZip Code
48214-1800FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Detroit MercyOccupation (for Individual)
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2026

Transaction ID : 41549BE59F8B06476A0A

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Opande, Lameck, , ,

Mailing Address 1218 Hillcrest View Loop

City
ApopkaState
FLZip Code
32703-6212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EnvisionOccupation (for Individual)
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
08		26		2026

Transaction ID : 45C0196219044241B767

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Orlino, Rebecca, L, ,

Mailing Address 847 Eagle Ridge Cir

City
FolsomState
CAZip Code
95630-6241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Davis Medical CenterOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2026

Transaction ID : 43E5A280AC95D771349E

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

508.33

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

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

FOR LINE NUMBER: PAGE 166 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ornelas, Eduardo, , ,

Mailing Address 1317 N Western Ave
Unit 401

City
Chicago

State
IL

Zip Code
60622-0388

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ornelas Anesthesia, LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

08 / 23 / 2026

Transaction ID : 44F9956287ADCE2CD349

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Overstreet, Rodney, W, ,

Mailing Address 205 Erwin Cir

City
Vestavia Hills

State
AL

Zip Code
35216-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UABMW

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 31 / 2026

Transaction ID : 47B192A49A5AAC913A0A

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Owens, Susanne, R, ,

Mailing Address PO Box 952

City
Saint Charles

State
MO

Zip Code
63302-0952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAC Anesthesia Seminars LLC

Occupation (for Individual)
CRNA locum

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 11 / 2026

Transaction ID : 4CBF89072D7816790C46

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

371.66

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 167 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Packard, Paul, , ,

Mailing Address 1031 16th Avenue PI NW

City
HickoryState
NCZip Code
28601-2344FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium Health ClevelandOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 48928EA064AC5517C74B

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pair, Susan, E, ,

Mailing Address 608 NE 53rd Ct

City
AnkenyState
IAZip Code
50021-6839FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MercyOne Newton Medical CenterOccupation (for Individual)
Chief CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2026

Transaction ID : 40F99E330F31B00A0A04

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Parker, Amanda, , ,

Mailing Address 311 W Illinois St
Unit 1407City
ChicagoState
ILZip Code
60654-7817FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthShore University HealthSystemOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2026

Transaction ID : 44CAA85B4075D4719275

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

163.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parker, Bethany, Corinne, ,

Mailing Address 140 Sea Oaks Blvd

City
Long BeachState
MSZip Code
39560-5841FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hypnos Anesthesia LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026**Transaction ID : 463DA422A7DD2522CAB5**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patel, Nilu, G, ,

Mailing Address 16605 Honeybee Dr

City
TustinState
CAZip Code
92782-1921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCIOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2026**Transaction ID : 44EDBA7D35E1BC6E919C**

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Patel, Nilu, G, ,

Mailing Address 16605 Honeybee Dr

City
TustinState
CAZip Code
92782-1921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCIOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026**Transaction ID : 7B2CE618AFBB4357BBD6**

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

243.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 169 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Patten, Kathleen, , ,

Mailing Address 15 Holwell St

City
PortlandState
MEZip Code
04103-4418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
mainehealthOccupation (for Individual)
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2026

Transaction ID : 471D844C974918B8B355

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Paul, Rachel, , ,

Mailing Address 100 Pin Oak Ct

City
VenetiaState
PAZip Code
15367-1078FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BPW AnesthesiaOccupation (for Individual)
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
08 / 04 / 2026

Transaction ID : CD024ECA877148448940

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Paulin, Michael, H, ,

Mailing Address 69 Oak St

City
WatertownState
CTZip Code
06795-2742FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Woodland AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 4FFCA6B094D5B70D3DA4

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

488.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 170 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pavlesich, Rudolph, Louis, , III

Mailing Address 89 Stevens Hill Rd

City
NottinghamState
NHZip Code
03290-4802FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Blue Sky Anesthesia AssociatesOccupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2026

Transaction ID : 411BBC51E60C0D479D65

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Payne, Dierdre, V, ,Mailing Address 1963 McCulloch Blvd N
Suite 103, Ste 103City
Lake Havasu CityState
AZZip Code
86403-5700FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DVK CRNA LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 4F7DA1BA77F11C3DF00F

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Paz, Dannelle, L, ,

Mailing Address 1010 Chedworth Ct

City
BirminghamState
ALZip Code
35242-5876FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Childrens of AlabamaOccupation (for Individual)
Senior CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026

Transaction ID : 49188AE4E03D7B4D6CE3

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

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

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

FOR LINE NUMBER: PAGE 171 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pearson, Scott, E, ,

Mailing Address 140 Glory Dr

City
Windber

State
PA

Zip Code
15963-8728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TeamHealth

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2026

Transaction ID : 141BCEF57F7F4E8BAAC9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peattie, Bethany, Suann, ,

Mailing Address 116 Elson Ave

City
Hendersonville

State
NC

Zip Code
28739-7927

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nightingale Anesthesia Services PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 24 / 2026

Transaction ID : 4089898DE81B57EFB893

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pechacek, Jillian, Rae, ,

Mailing Address 727 Mount Curve Chase

City
Hudson

State
WI

Zip Code
54016-8292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIVERVALLEY ANESTHESIA

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 26 / 2026

Transaction ID : 480BBE0DF47E6FACAD12

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.82

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

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

FOR LINE NUMBER: PAGE 172 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pender, Janel, V, ,

Mailing Address 4102 39th St S

City
Moorhead

State
MN

Zip Code
56560-6945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Plains Anesthesia

Occupation (for Individual)
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 13 / 2026

Transaction ID : 48F3B25A509F998A79CB

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perea, Leticia, , ,

Mailing Address 1315 S Plymouth Ct
Unit I

City
Chicago

State
IL

Zip Code
60605-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Anesthesia Partners

Occupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4708BE288E5211A09D5D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perez, Johana, Leandra, ,

Mailing Address 4936 Snowberry Dr

City
Fontana

State
CA

Zip Code
92336-0763

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 17 / 2026

Transaction ID : 42D8A9FBE1241B6BB41E

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

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

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

FOR LINE NUMBER: PAGE 173 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perez, Marco, V, ,

Mailing Address 600 Franklin Ave
Unit 7771

City
Garden City

State
NY

Zip Code
11530-6844

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Perez Anesthesia, PC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 22 / 2026

Transaction ID : 4EF781D226C1DF76BB23

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perry, Emily, Lynn, ,

Mailing Address 156 Burwick Rd

City
Highland Heights

State
OH

Zip Code
44143-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SleepEm-Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 11 / 2026

Transaction ID : 42DBBB8ACA36D14CBE5C

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Petersmith, Jared, B, ,

Mailing Address 3914 Woodmont Dr

City
Parrish

State
FL

Zip Code
34219-1266

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HCA

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 18 / 2026

Transaction ID : 441A87449C5E7FC24997

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

163.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 174 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Peterson, Kevin, , ,

Mailing Address 4953 17th Ave S

City
MinneapolisState
MNZip Code
55417-1209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
M Health FairviewOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2026

Transaction ID : 4BC8ABE1E5DF37D1A787

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Petraglia, Molly, Rebecca, ,

Mailing Address 6749 Elm Hill Dr

City
ClemmonsState
NCZip Code
27012-7827FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novant HealthOccupation (for Individual)
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
08 / 13 / 2026

Transaction ID : 42DC87B4C4F0F7EEE56F

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pettibone, Anne, M, ,

Mailing Address 10104 NE 14th Cir

City
VancouverState
WAZip Code
98664-3008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

221.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2026

Transaction ID : 43BBB2CBB513323273DF

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

425.82

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

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

FOR LINE NUMBER: PAGE 175 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Petz, Kelly, Sue, ,

Mailing Address 10161 SW Indian Lilac Trl

City
Port St Lucie

State
FL

Zip Code
34987-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2026

Transaction ID : 2E4546398AB1487CAEA9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pham, Lan, Hoang, ,

Mailing Address 331 Springton Way

City
Lancaster

State
PA

Zip Code
17601-1975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC Williamsport

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4B9C95D6FDDE83AEEDB0

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Phinney, Tammy, V, ,

Mailing Address 8495 Reynolda Rd

City
Pfaftown

State
NC

Zip Code
27040-9105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 15 / 2026

Transaction ID : 4D1ABF83404EBA1B4572

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

322.07

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

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

FOR LINE NUMBER: PAGE 176 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pickering, Janelle, , ,

Mailing Address 922 New Mill Dr

City
Chesapeake

State
VA

Zip Code
23322-7086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Promethean Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2026

Transaction ID : 494EA08AE46A5A1019F7

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pine, Michael, Joseph, ,

Mailing Address 1029 Saint Georges Ln

City
Landenberg

State
PA

Zip Code
19350-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pine Anesthesia Services, LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4CCDB6C2C051CC0167D6

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pinkerman, Christina, M, ,

Mailing Address 806 Jackson St

City
Macon

State
MO

Zip Code
63552-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BCEC Anesthesia Services LLC

Occupation (for Individual)
NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

583.31

Date of Receipt

08 / 18 / 2026

Transaction ID : 4261A31CAEBD27AAA78B

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

213.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 177 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pitts, Bradley, , ,

Mailing Address 7026 Westshore Ave

City
BentonState
ARZip Code
72019-6602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BP AnesthesiaOccupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : BFAA33D4AB9F44FFBF6F

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Plank, Cody, , ,

Mailing Address 3309 Evans St

City
AshlandState
KYZip Code
41102-6023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UK King's Daughters Medical CenterOccupation (for Individual)
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
08 / 25 / 2026

Transaction ID : 4E2DB995EFA26CBFC5A5

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Plautz, Danette, , ,

Mailing Address 1403 Park Ave

City
Winona LakeState
INZip Code
46590-1631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Anesthesia AssociatesOccupation (for Individual)
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
08 / 31 / 2026

Transaction ID : E1B8630DCB5E40B780F7

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

725.00

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

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

FOR LINE NUMBER: PAGE 178 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ponder, Amber, D, ,

Mailing Address 2418 Spyglass Hill Ct

City
Abilene

State
TX

Zip Code
79606-4356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.65

Date of Receipt

08 / 02 / 2026

Transaction ID : 44B5B0BB992950ECADB5

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Popp, Jordan, James, ,

Mailing Address 5612 Humboldt Ave S

City
Minneapolis

State
MN

Zip Code
55419-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Minneapolis School of Anesthesia

Occupation (for Individual)
Associate Clinical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 23 / 2026

Transaction ID : 4F3882FD56D0589B8250

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Posch, Rob, , ,

Mailing Address 161 Lilac Ter

City
Zion Crossroads

State
VA

Zip Code
22942-8138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sentara Medical Group

Occupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 19 / 2026

Transaction ID : 44A594FD665BEE133C23

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

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

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

FOR LINE NUMBER: PAGE 179 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Prakapas, John, Angelo, , IV

Mailing Address 1012 Burns St

City
Detroit

State
MI

Zip Code
48214-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northstar Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 18 / 2026

Transaction ID : 4F61885CC6C700E9A50D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Prendergast, Cassie, Deann, ,

Mailing Address 36 Goose Cove Ln

City
Freeport

State
ME

Zip Code
04032-6531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Maine Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.64

Date of Receipt

08 / 08 / 2026

Transaction ID : 45D4B13117890450E7C0

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Price, Delphos, E, , Jr

Mailing Address 2710 Fawkes Dr

City
Wilmington

State
DE

Zip Code
19808-2170

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DELSLEEPER ANESTHESIA P.A.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 21 / 2026

Transaction ID : 2D8565D6181646A59CAA

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pruis, Joseph, Ryne, ,

Mailing Address 613 Crane Creek Ln

City
EaganState
MNZip Code
55121-2377FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Regions Hospital

Occupation (for Individual)

Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2026

Transaction ID : 46DDAF2841950F0EE343

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Puchalski, Jaime, L, ,

Mailing Address 48278 Long Leaf Dr

City
MacombState
MIZip Code
48044-2339FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Macomb Anesthesia

Occupation (for Individual)

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
08 / 18 / 2026

Transaction ID : A3D8FDAFE9974ABC9DA5

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Putman, Noel, C, ,

Mailing Address 2975 N Ramble Rd W

City
BloomingtonState
INZip Code
47408-1049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Vincent Medical Group

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 497FA3287E572423786C

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Quaas, Mary, Beth, ,

Mailing Address 4851 Moon Lake Cir

City
Saint PaulState
MNZip Code
55127-7050FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Minneapolis School of AnesthesiaOccupation (for Individual)
CRNA, Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : 47288DA9B96948F514CC

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Quinn, Randy, Clay, ,

Mailing Address 1822 E Bruce Ave

City
GilbertState
AZZip Code
85234-6108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Guide AnesthesiaOccupation (for Individual)
Managing Partner

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
08 / 10 / 2026

Transaction ID : F0C9406ADD8C426CB5B9

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rader, Jennifer, A, ,

Mailing Address 152 Valley Club Cir

City
Little RockState
ARZip Code
72212-2924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ouachita Regional AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2026

Transaction ID : 4F7BA2325D680CF32A27

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

560.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 182 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Radford, Kennett, D, , II

Mailing Address 3718 Sprigg St N

City
FrederickState
MDZip Code
21704-7850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Military

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026

Transaction ID : 497BA1B58B38A044990F

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rain, Eric, , ,

Mailing Address 3946 NE 69th Ave

City
PortlandState
ORZip Code
97213-5133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sound Physicians

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 4F7A874588D65A0FB0AE

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rakesmith, Melinda, S, ,

Mailing Address 448 S Bodmer Ave

City
StrasburgState
OHZip Code
44680-1216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Union Hospital Cleveland Clinic

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : 41C9A5DD295F5448A733

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.82

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

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

FOR LINE NUMBER: PAGE 183 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ramaker, Jason, A, ,

Mailing Address 1321 Hollowtree Ct

City
Crown Point

State
IN

Zip Code
46307-5074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStar

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 18 / 2026

Transaction ID : 46BAB93760B9A76CC93F

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reed, Gail, Elizabeth, ,

Mailing Address 307 Ken Wolfe Rd

City
Cowansville

State
PA

Zip Code
16218-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GR ANESTHESIA

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2026

Transaction ID : 0E147C1B034B4543B040

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reed, James, R, ,

Mailing Address 11945 E Ponce De Leon

City
Tucson

State
AZ

Zip Code
85749-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arizona

Occupation (for Individual)
Nurse Anesthesia Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 30 / 2026

Transaction ID : 4448B09C8D2A7267484E

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.82

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 184 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reed, Theresa, A, ,

Mailing Address 162 Bayside Dr

City
Palm CoastState
FLZip Code
32137-3405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAPOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2026

Transaction ID : 886B8AD43894402AA550

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reeder, Shahdokht, , ,

Mailing Address 1933 Commonwealth Ave
Apt 309City
BrightonState
MAZip Code
02135-5941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
winchester anesthesia associateOccupation (for Individual)
nurse anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2026

Transaction ID : 4B6BB562FDAB1DB7EC7E

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reese, Sarah, E, ,

Mailing Address 10452 Wright Rd

City
Canal WinchesterState
OHZip Code
43110-9609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
selfOccupation (for Individual)
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2026

Transaction ID : 48EABA49AABED43E1C66

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 185 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reilly, Michelle, , ,

Mailing Address 42212 Lamz Pl

City
LeesburgState
VAZip Code
20176-6181FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
1099 contractor CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 44D19380F70CB70319F2

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reynolds, Bridgette, M., ,

Mailing Address 461 Vinings Vintage Cir

City
MabletonState
GAZip Code
30126-7204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BR Anesthesia IncOccupation (for Individual)
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
08 / 30 / 2026

Transaction ID : 46C1B96CECE42CE2C1E5

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reynolds, Lauren, Nicole, ,

Mailing Address 2347 Jonquil Rd

City
YorkState
PAZip Code
17403-5148FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellspanOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2026

Transaction ID : 4BA3ABFEC20D5257B1A8

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

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

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

FOR LINE NUMBER: PAGE 186 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Richard, Tracy, R, ,

Mailing Address 3723 State Highway 154

City
Torrington

State
WY

Zip Code
82240-8477

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wyoming Wellness Center

Occupation (for Individual)
CRNA/Clinic Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 19 / 2026

Transaction ID : 43BEA86424BFA97D16E9

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Richards, Joshua, James, ,

Mailing Address 4065 Scenic Ln

City
York

State
PA

Zip Code
17406-9316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WellSpan Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 29 / 2026

Transaction ID : 4A4DBFA00F60738BBC6A

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Riley, Victoria, L, ,

Mailing Address 1849 Elmdale Rd

City
Pittsburgh

State
PA

Zip Code
15205-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VA

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

557.46

Date of Receipt

08 / 08 / 2026

Transaction ID : 4A6BA089E0522F6592C8

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

110.82

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

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

FOR LINE NUMBER: PAGE 187 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rios, Jennifer, Lynn, ,

Mailing Address 3026 Senita Bloom Dr

City
Manvel

State
TX

Zip Code
77578-3688

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Anesthesia Partners

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 15 / 2026

Transaction ID : 4B58B2CF3830BEE9B539

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ritter, Rachel, A, ,

Mailing Address PO Box 2031

City
Grantham

State
NH

Zip Code
03753-0636

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New London Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 11 / 2026

Transaction ID : 46DAAA2C19A9350636C3

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roberts, Andrea, L, ,

Mailing Address 411 N Kniss Ave

City
Luverne

State
MN

Zip Code
56156-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanford Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 19 / 2026

Transaction ID : 4EE5BA38FA47E19DA009

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

249.99

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

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

FOR LINE NUMBER: PAGE 188 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robinson, Damali, Ayana, ,

Mailing Address 20 High St

City
Glen Rock

State
NJ

Zip Code
07452-1421

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack University Medical Center/e

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

08 / 05 / 2026

Transaction ID : 4C1B8C717227F7690028

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Joseph, Adam, ,

Mailing Address 1167 Sunrise Blvd

City
Prescott

State
AZ

Zip Code
86301-6864

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Guide/Arizona Anesthesia Solutions

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

08 / 18 / 2026

Transaction ID : 5D9937CB27D74F8986AC

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Roebuck, Ivana, A, ,

Mailing Address 23531 Millwood

City
South Lyon

State
MI

Zip Code
48178-1944

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan Medicine

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.41

Date of Receipt

08 / 01 / 2026

Transaction ID : 46398010D84F1CF8A697

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

325.00

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

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

FOR LINE NUMBER: PAGE 189 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Roesler, Donald, J, ,

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 (for Individual)
Semi retired 1099 self employed

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2891.64

Date of Receipt

08 / 10 / 2026

Transaction ID : 4AF5B122DA314EF66C83

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roesler, Donald, J, ,

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 (for Individual)
Semi retired 1099 self employed

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2891.64

Date of Receipt

08 / 25 / 2026

Transaction ID : 4CF09D18384F2E7E7586

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rohde, Kristin, M, ,

Mailing Address 17408 Burdette Cir

City
Omaha

State
NE

Zip Code
68116-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Community Hospital & Health S

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1561.64

Date of Receipt

08 / 06 / 2026

Transaction ID : 44CFA54DEDA5F0B00D55

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 190 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rollison, Sarah, , ,

Mailing Address 215 Hopkins Rd

City
BaltimoreState
MDZip Code
21212-1818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johns Hopkins UniversityOccupation (for Individual)
Assistant Professor, CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026

Transaction ID : 41A1A3E45E396F4A57F6

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Romero, Joseph, P, ,

Mailing Address 1810 Fairmont Rd

City
AnacondaState
MTZip Code
59711-9473FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Hospital of AnacondaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 4B1CAC3011FFF9A9F9CB

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Root, Erin, N, ,

Mailing Address 3610 Shawnee Dr

City
Carson CityState
NVZip Code
89705-6832FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self employedOccupation (for Individual)
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
08 / 04 / 2026

Transaction ID : 4AA58DB8496015B01525

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ross, Chia, C, ,

Mailing Address 2291 Ranchette Ln

City
DunedinState
FLZip Code
34698-9430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baycare

Occupation (for Individual)

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
08 / 04 / 2026

Transaction ID : 788E37D084634C9E879C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rotar, Scott, J, ,

Mailing Address 8341 Doolittle Rd

City
MinocquaState
WIZip Code
54548-9106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northwoods Vital Anesthesia

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 40558097BD0A156D5B3F

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rowe, Melanie, S, ,

Mailing Address 5125 Copper Sunset Way

City
Rancho CordovaState
CAZip Code
95742-8198FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
anesthetist centerOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

966.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : A0D430E6C08D4592BEC8

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

433.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rowe, Melanie, S, ,

Mailing Address 5125 Copper Sunset Way

City
Rancho CordovaState
CAZip Code
95742-8198FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
anesthetist centerOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 47B6B706AE8B0769D656

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ruan, Mindy, , ,

Mailing Address 1611 Sanderson Ct

City
NormalState
ILZip Code
61761-4267FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sweet Dreams Anesthetic, LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2026

Transaction ID : 4EE993ABF77FE16F1388

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rubio-Uribe, Camilo, , ,

Mailing Address 4774 Baldwin Manor Rd

City
PittsburghState
PAZip Code
15227-1157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Department of Veterans AffairsOccupation (for Individual)
Chief CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 4AF190278C9593BB19A8

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

144.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ruetty, Joel, M, ,

Mailing Address 1429 Adena Pointe Dr

City
MarysvilleState
OHZip Code
43040-2560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAMOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2026**Transaction ID : 4897AE04AEB832A0DDEC**

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ryan, Megan, A, ,

Mailing Address 3376 Laurel Dr

City
Gulf BreezeState
FLZip Code
32563-3328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2026**Transaction ID : 43B89EE883C7352DD45A**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ryan, Shelli, R, ,

Mailing Address 820 County Road 262

City
GeorgetownState
TXZip Code
78633-1997FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAGOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026**Transaction ID : 493A9D7169D333E9D723**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

197.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sadler, Angela, M, ,

Mailing Address 696 19th St

City
Des MoinesState
IAZip Code
50314-1008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metro AnesthesiaOccupation (for Individual)
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
08 / 28 / 2026

Transaction ID : 4E988F8710D6559020B2

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Salnikova, Evgenia, A, ,

Mailing Address 20911 Calipso Ct

City
CorneliusState
NCZip Code
28031-9005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CArolinas Healthcare SystemOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : 49088487B60A0475333D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sample, Becca, , ,Mailing Address 205 Park Ave
Unit 310City
MinneapolisState
MNZip Code
55415-1119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
M Health FairviewOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2026

Transaction ID : 4CD4967F0473E362E198

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sanariz, Jose Riel, Santonil, ,

Mailing Address 3015 18th Ave

City
ColumbusState
GAZip Code
31901-1246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Columbus GA -Sound AnesthesiaOccupation (for Individual)
Regional CRNA Director

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
08 / 31 / 2026

Transaction ID : 47A52EA9A7684B2A9E6D

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sanders, Billy, D, ,

Mailing Address 312 Merlot Ct

City
Vine GroveState
KYZip Code
40175-8695FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NorthStar AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 4D238E39FA30327638CA

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sareerak, Jakkarin, Jake, ,

Mailing Address 2720 Pacific St

City
ConcordState
CAZip Code
94518-1015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JJS AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2026

Transaction ID : 4C3C9872F5A25605679B

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

416.66

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

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

FOR LINE NUMBER: PAGE 196 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sargent, Henry, , ,

Mailing Address 123 E Kaler Dr

City
Phoenix

State
AZ

Zip Code
85020-4045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Desert Sol Anesthesia, PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 08 / 2026

Transaction ID : 42DCA5F989E8387D1B23

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schacher, Cassie, Kay, ,

Mailing Address 5710 Woodberry Ct

City
Midland

State
MI

Zip Code
48640-6930

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MyMichigan

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 18 / 2026

Transaction ID : 458AAF94B1004D618E8

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schettler, Jonathan, D, ,

Mailing Address 1117 Park Ln

City
Pella

State
IA

Zip Code
50219-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Iowa PLC

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 24 / 2026

Transaction ID : 40CB8E9CF57867E9942B

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

91.23

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

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

FOR LINE NUMBER: PAGE 197 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schindler, Alec, , ,

Mailing Address 816 NE Cows Ln

City
McMinnville

State
OR

Zip Code
97128-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates Northwest

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 03 / 2026

Transaction ID : 46B8B3A07A9839B8AF99

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schmidt, Madeline, , ,

Mailing Address 11880 Whispering Oak Ln

City
Shelby Township

State
MI

Zip Code
48315-1169

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corewell Health Royal Oak Beaumont

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.28

Date of Receipt

08 / 07 / 2026

Transaction ID : 4FEEBE96313917C1C994

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schmidt, Madeline, , ,

Mailing Address 11880 Whispering Oak Ln

City
Shelby Township

State
MI

Zip Code
48315-1169

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corewell Health Royal Oak Beaumont

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.28

Date of Receipt

08 / 22 / 2026

Transaction ID : 1276BA3085E745968272

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

85.82

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

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

FOR LINE NUMBER: PAGE 198 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schmitt, Jennifer, Louise, ,

Mailing Address 17849 Prairie Sky Way

City
Edmond

State
OK

Zip Code
73012-6628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crossroads Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 01 / 2026

Transaction ID : 4BAF949AD64967AB8A4F

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schneider, Adam, , ,

Mailing Address 13980 E 1130th Rd

City
Marshall

State
IL

Zip Code
62441-5050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIUE

Occupation (for Individual)
Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 11 / 2026

Transaction ID : 446A82B2C35E5287BC07

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schneider, Mary, Beth, ,

Mailing Address 10 Chippewa Ct

City
Madison

State
WI

Zip Code
53711-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SSM Dean Medical Group

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 28 / 2026

Transaction ID : 48B78E80E1B29510386D

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

249.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schneider, Paul, A, ,

Mailing Address 908 N Main St

City
BrewerState
MEZip Code
04412-1226FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nurse Anesthesia of MaineOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2026**Transaction ID : 40A9AFEEE39376B2611B**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schoenicke, Steven, M, ,

Mailing Address 141 Old Ln

City
BrownwoodState
TXZip Code
76801-0438FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
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
08 / 12 / 2026**Transaction ID : 789C3135B991481183F4**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schosky, Cheryl, L, ,

Mailing Address 112 Amandas Autumn Ln

City
TaylorsState
SCZip Code
29687-6356FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quality Anesthesia Services LLCOccupation (for Individual)
Owner/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1866.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2026**Transaction ID : 4588A876DD2AFC124DFC**

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

918.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 200 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schrader, Jeffrey, L.,

Mailing Address 7017 NW 5th St

City
LincolnState
NEZip Code
68521-4520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NWI Omaha Veterans Healthcare SystemOccupation (for Individual)
Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2026

Transaction ID : 461B9695868B89F3A12C

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schutt, Shannon, S.,

Mailing Address 236 Madison Ave

City
AstoriaState
ORZip Code
97103-5028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates NorthwestOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

691.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2026

Transaction ID : 44448294D66B95D4172B

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scoggins, Misty, L.,

Mailing Address 44 Conard Dr

City
West HartfordState
CTZip Code
06107-3620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANESTHESIA ASSOCIATES OF WillimanticOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 4362BA2F13BC1BFFD842

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

322.07

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

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

FOR LINE NUMBER: PAGE 201 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Selbee, Beth, M, ,

Mailing Address 103 Williamstown Way

City
Columbia

State
SC

Zip Code
29212-8652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BMS Anesthesia Services

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.05

Date of Receipt

08 / 20 / 2026

Transaction ID : 4C46B97E6615FF0FA0AA

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Selbee, Beth, M, ,

Mailing Address 103 Williamstown Way

City
Columbia

State
SC

Zip Code
29212-8652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BMS Anesthesia Services

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.05

Date of Receipt

08 / 20 / 2026

Transaction ID : C9859CE93B4F4F34A3B9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Self, William, L, ,

Mailing Address 100 Colleen Dr

City
Daytona Beach

State
FL

Zip Code
32119-2393

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WLS Consulting

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 22 / 2026

Transaction ID : 497C85363CAAE0FB75B0

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 202 OF 254
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Seligman, Ron, S, ,

Mailing Address 2361 Cherwell Ct

City
Grand BlancState
MIZip Code
48439-2717FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Comfortably Numb Mi, Inc.Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026**Transaction ID : 400DB8E61BF1BD3D28C0**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Senat, Junior, , ,

Mailing Address 51 Sao Paulo Dr

City
East FalmouthState
MAZip Code
02536-6183FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeastern UniversityOccupation (for Individual)
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
08 / 25 / 2026**Transaction ID : 1AF553A675AE4C3384C2**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sergio, C, Christopher, ,

Mailing Address 2792 Mercy Cir

City
ClermontState
FLZip Code
34714-8144FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EnvisionOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

266.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2026**Transaction ID : 468B8EB0C0FE06036237**

Amount of Each Receipt this Period

33.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

408.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 203 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Setnor, Janet, L, ,

Mailing Address 8451 Cane Bay Ct

City
Lakewood RanchState
FLZip Code
34202-2642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Austin-Weston CenterOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	05	2026

Transaction ID : DDF8803ECC84488393CA

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Setnor, Janet, L, ,

Mailing Address 8451 Cane Bay Ct

City
Lakewood RanchState
FLZip Code
34202-2642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Austin-Weston CenterOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	12	2026

Transaction ID : 484DA3DD7BD879C15D15

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shaffer, Scott, K, ,

Mailing Address 111 Timberland Ln

City
AledoState
TXZip Code
76008-5727FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Wesleyan UniversityOccupation (for Individual)
CRNA Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1667.28

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	27	2026

Transaction ID : 40D59516BADFE87D4351

Amount of Each Receipt this Period

208.41

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

508.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 204 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shaw, Easton, , ,

Mailing Address 9240 Wellspring Ave NW

City
North CantonState
OHZip Code
44720-8287FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CCF Union HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2026

Transaction ID : 4B95B0C309B645295A9E

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sheets, Leslie, Martin, ,

Mailing Address 269 Silver Ridge Dr

City
LexingtonState
NCZip Code
27292-8308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novant HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2026

Transaction ID : 4A508A14FB15BDB62DA4

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sheppard, Amy, Bateman, ,

Mailing Address 2306 6th Ave

City
Fort WorthState
TXZip Code
76110-2510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Access AnesthesiaOccupation (for Individual)
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
08 / 05 / 2026

Transaction ID : 4623AB8D8044049CD377

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shields, Laurie, B, ,

Mailing Address 1144 County Rd

City
WalpoleState
NHZip Code
03608-4930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colibri AnesthesiaOccupation (for Individual)
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
08 / 05 / 2026**Transaction ID : 647ACE74C32140BEBDE2**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shores, Ryan, T, ,

Mailing Address 12850 Quailbrook Dr

City
JacksonvilleState
FLZip Code
32224-7932FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RKS Services and Consulting IncOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.28

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2026**Transaction ID : 47FF92C60761EDC444D6**

Amount of Each Receipt this Period

31.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shumard, Tara, M, ,

Mailing Address 2315 Hasty Rd

City
MarshvilleState
NCZip Code
28103-7570FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atrium health CharlotteOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1041.65

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2026**Transaction ID : 40898A6FF59659DB0926**

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

489.74

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

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

FOR LINE NUMBER: PAGE 206 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shurhay, Carrie, A.,

Mailing Address 4150 Lawn Ave

City
Western Springs

State
IL

Zip Code
60558-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
multiple

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 19 / 2026

Transaction ID : 2A33E62E91D74FC18166

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simon, Christopher, , ,

Mailing Address 6418 Birch Creek Dr

City
Loveland

State
OH

Zip Code
45140-9066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Cincinnati Physicians

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 27 / 2026

Transaction ID : 4878B964DF72DAD0731D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smart, Kristin, , ,

Mailing Address 3411 York Rd

City
Winston Salem

State
NC

Zip Code
27104-1344

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest School of Medicine

Occupation (for Individual)
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 14 / 2026

Transaction ID : 49A7A3598F5E80E3C8D4

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

413.74

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

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

FOR LINE NUMBER: PAGE 207 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Courtney, L, ,

Mailing Address 6039 Printery St
Unit 103

City
Tampa

State
FL

Zip Code
33616-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLS Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 07 / 2026

Transaction ID : 43008467FAA9FDDE5ACE

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Felecia, S, ,

Mailing Address 647 Lakeview Ave

City
Ann Arbor

State
MI

Zip Code
48103-9704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Joseph Mercy Hospital Ann Arbor

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

906.64

Date of Receipt

08 / 20 / 2026

Transaction ID : 4912B13B5A2C4ED37621

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Felecia, S, ,

Mailing Address 647 Lakeview Ave

City
Ann Arbor

State
MI

Zip Code
48103-9704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Joseph Mercy Hospital Ann Arbor

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

906.64

Date of Receipt

08 / 23 / 2026

Transaction ID : 4C459F859EBB51510FE4

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.33

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

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

FOR LINE NUMBER: PAGE 208 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Jacob, P.,

Mailing Address 220 Silver Ridge Dr

City
Georgetown

State
TX

Zip Code
78633-2478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.69

Date of Receipt

08 / 27 / 2026

Transaction ID : 4F55803FC54BF6FDA46D

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Krysta, ,

Mailing Address 176 Ironwood Rd

City
Millville

State
PA

Zip Code
17846-8906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Geisinger Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 06 / 2026

Transaction ID : 4FB78FCF3BF2D43EDE34

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Samuel Wayne, ,

Mailing Address 4030 Waterswatch Dr

City
Midlothian

State
VA

Zip Code
23113-3759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Veterans Affairs

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 21 / 2026

Transaction ID : 4B90B19D47E6C2CBFE03

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

100.82

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

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

FOR LINE NUMBER: PAGE 209 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Scott, C, ,

Mailing Address 1501 Lexington Ct

City
Warrensburg

State
MO

Zip Code
64093-2992

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western Missouri Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 23 / 2026

Transaction ID : 4C529A0404104E66574F

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Shannon, L, ,

Mailing Address 18775 Moorepark Rd

City
Three Rivers

State
MI

Zip Code
49093-9677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Great Lakes Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 05 / 2026

Transaction ID : 4843AC206A0EB0A6F233

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Shawn, W, ,

Mailing Address 21711 S 187th Way

City
Queen Creek

State
AZ

Zip Code
85142-6457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
F.H.C.L. Enterprise

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 16 / 2026

Transaction ID : 49F3B1BFC401C3885C55

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

163.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 210 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Stephen, D, ,

Mailing Address 615 Stirling Glen Ct

City
AlpharettaState
GAZip Code
30004-8840FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
georgia anestheisa llcOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 936ED91DF8E84AF4B2EF

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smyth, Jason, , ,

Mailing Address 294 Greenwood Dr

City
CheshireState
CTZip Code
06410-4112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Yale New Haven HealthOccupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2026

Transaction ID : 4BFCA31B6EA38D85D9D1

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Soeder, Kathryn, , ,

Mailing Address 139 Hessian Loop

City
ChesapeakeState
VAZip Code
23322-6333FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roseman UniversityOccupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026

Transaction ID : 4ED79D3FC0658F7CA096

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1080.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sonson, Susan, L, ,Mailing Address 5757 Collins Ave
Apt 1101City
Miami BeachState
FLZip Code
33140-2305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
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
08 / 03 / 2026**Transaction ID : 56C500E3214D488BAAF3**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sorak, Matthew, M, ,

Mailing Address 128 Sterling Dr

City
NewingtonState
CTZip Code
06111-2260FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Matthew Sorak CRNA PCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2026**Transaction ID : 460F8A989B0D06A9C16A**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sparrow, Shawn, , ,

Mailing Address PO Box 104

City
MachiasState
MEZip Code
04654-0104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bold Coast Anesthesia, LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2026**Transaction ID : 4F26A2869FA77E2CBF40**

Amount of Each Receipt this Period

41.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

541.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Specht, Samantha, , ,

Mailing Address 238 59th Ct

City

West Des Moines

State

IA

Zip Code

50266-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Specht Anesthesia LLC

Occupation (for Individual)

CRNA

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2026

Transaction ID : 4F6B90CD9038B955B71B

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Spitzner, Mason, Samuel, ,

Mailing Address 1930 County Road 960 N

City

Fairfield

State

IL

Zip Code

62837-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fairfield Memorial Hospital

Occupation (for Individual)

CRNA

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2026

Transaction ID : 485BB1D0309C3F3FD154

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Squibbs, Jennifer, L, ,

Mailing Address 5501 S Pricetown Rd

City

Berlin Center

State

OH

Zip Code

44401-9717

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northstar Anesthesia

Occupation (for Individual)

CRNA

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

639.98

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2026

Transaction ID : 47BDB2F6BFBC500C79C2

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

186.66

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: PAGE 213 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Staczek-Marx, Julie, , ,

Mailing Address 1830 Marie Cir

City
Bloomfield

State
MI

Zip Code
48302-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Marx Anesthesia Services, INC.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

08 / 09 / 2026

Transaction ID : FEB29A8BA4D74C70AADE

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stanton, Lori, Lee, ,

Mailing Address 7601 Palmer Glen Cir

City
Sarasota

State
FL

Zip Code
34240-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
national anethesia

Occupation (for Individual)
crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 28 / 2026

Transaction ID : 4455BECFAA17ADB852A0

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stapleton, Clarissa, T, ,

Mailing Address 3057 Bellerive Dr

City
Saint Louis

State
MO

Zip Code
63121-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MD Anderson Cancer Center

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 15 / 2026

Transaction ID : 403B885DB14F31AC10E0

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

613.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 214 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stark, Margaret, A, ,

Mailing Address 1010 Parrotts Cove Rd

City
GreensboroState
GAZip Code
30642-4824FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Classic City Anesthesia AssociatesOccupation (for Individual)
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
08 / 27 / 2026**Transaction ID : 9BFE8937C270453DBF91**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stein, Kevin, J, ,

Mailing Address 8530 Terracotta Pl

City
O FallonState
ILZip Code
62269-4138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Starlight Anesthesia, LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026**Transaction ID : 4C29B9E04E29BF889A16**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stewart, Nika, S, ,

Mailing Address 5314 Soule Dr

City
Panama CityState
FLZip Code
32404-7235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2026**Transaction ID : 48049187B09D542F8FA7**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

583.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stockman, James, R, , Jr

Mailing Address 4865 County Road 4865 County Road

City
NacogdochesState
TXZip Code
75965-7016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grasshopper Anesthesia ServicesOccupation (for Individual)
Owner/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 22 / 2026

Transaction ID : 6A325A8D23734237AC9C

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Storms, Christopher, W, ,

Mailing Address 203 N 14th St

City
ManhattanState
KSZip Code
66502-4102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia AssociatesOccupation (for Individual)
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
08 / 31 / 2026

Transaction ID : 776B115E218F426DAA5D

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stotts, Michelle, L, ,

Mailing Address 1974 Clay Rd

City
SpencerState
WVZip Code
25276-7762FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roane General HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2026

Transaction ID : 46F7AEA499CFB533458E

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

738.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 OF 254
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stump, Lawrence, R, ,

Mailing Address 9226 N Dixie Hwy

City
Newport

State
MI

Zip Code
48166-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Michigan Flint

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

08 / 04 / 2026

Transaction ID : A2721FBABD0E4EDE9432

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sullivan, Casey, , ,

Mailing Address 1324 E Breckinridge St

City
Louisville

State
KY

Zip Code
40204-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Assured Anesthesia Services LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.64

Date of Receipt

08 / 17 / 2026

Transaction ID : 4D83A55CD6CD678DE1F5

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sullivan, Lisa, A, ,

Mailing Address 12171 Kelly Sands Way
Apt 1588, Apt 1588

City
Fort Myers

State
FL

Zip Code
33908-5946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SweetSnooze Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 21 / 2026

Transaction ID : 4FBF9AF34C5D8E9F04FD

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

233.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Suszan, Lauren, T, ,

Mailing Address 9005 Edgepark Rd

City
Vienna

State
VA

Zip Code
22182-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Military

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 21 / 2026

Transaction ID : 4CFE932535B53A2C9910

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sutton, Drulana, Ann, ,

Mailing Address 9477 Chesapeake St

City
Highlands Ranch

State
CO

Zip Code
80126-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Veteran's Hospital in Aurora

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 06 / 2026

Transaction ID : 467E9CC61208EBDA196E

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Swanlund, Eric, Gordon, , II

Mailing Address 5508 W 66th St

City
Minneapolis

State
MN

Zip Code
55439-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Minneapolis VAMC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 10 / 2026

Transaction ID : 44FC9EB8092EF7C744FC

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

174.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sweeney, Charles, G, ,

Mailing Address 116 Green Ash Ln

City
Chalfont

State
PA

Zip Code
18914-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Anesthesia Services

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 21 / 2026

Transaction ID : 4000B0FAE3805616F56A

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sweet-Fitzgibbon, Nancy, L, ,

Mailing Address 4080 Whisper Creek Dr

City
Edmond

State
OK

Zip Code
73034-2183

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Tulsa

Occupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

08 / 11 / 2026

Transaction ID : 4F388245E7A9E7762E51

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Takala, Jonathan, T, ,

Mailing Address 3375 Breton Valley Dr SE

City
Kentwood

State
MI

Zip Code
49512-9064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northstar Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 25 / 2026

Transaction ID : 462F937C7754C3A60E19

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

163.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tansey, Brianne, Marie, ,

Mailing Address 1 Old Balcom Farm Dr

City
Nashua

State
NH

Zip Code
03062-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amoskeag Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 29 / 2026

Transaction ID : 40ACBEB25D8C1EDB8F51

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tate, Dorian, Raymone, ,

Mailing Address 18814 N 39th St

City
Phoenix

State
AZ

Zip Code
85050-6339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Guide/ Arizona Anesthesia Solutions (A

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.69

Date of Receipt

08 / 18 / 2026

Transaction ID : 4ED490FAE23D95A31D5E

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Taylor, Bronson, , ,

Mailing Address 11601 Roosevelt Rd

City
Mishawaka

State
IN

Zip Code
46544-9798

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rubicon Anesthesia Services

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 25 / 2026

Transaction ID : 4028AABCC6762BD564DB

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

144.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Karyn, Denise, ,

Mailing Address 2804 Laviere St

City
Jacksonville

State
FL

Zip Code
32205-8013

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sans Pareil Anesthesia

Occupation (for Individual)
CAA/CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

08 / 04 / 2026

Transaction ID : 4A989C48A6CBAA163D5B

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thackston, Matthew, , ,

Mailing Address 28 53rd St SE

City
Washington

State
DC

Zip Code
20019-6534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANA

Occupation (for Individual)
Federal Govt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.64

Date of Receipt

08 / 01 / 2026

Transaction ID : 4B9DAD610BDA28C44D7E

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thackston, Matthew, , ,

Mailing Address 28 53rd St SE

City
Washington

State
DC

Zip Code
20019-6534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANA

Occupation (for Individual)
Federal Govt

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

716.64

Date of Receipt

08 / 22 / 2026

Transaction ID : 01AD78E008674605AFEB

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

341.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 221 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thiemann, Brandon, , ,

Mailing Address 1363 Westwood Rd NW

City
HutchinsonState
MNZip Code
55350-9800FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2026**Transaction ID : 4CC5A3D89DC22E13C228**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thomas, Anad, L, ,

Mailing Address 179 Second St

City
East ProvidenceState
RIZip Code
02914-5451FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lifespan Healthcare CorpOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2026**Transaction ID : 4D598E2235F7AF38B85B**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thomas, Jeffrey, L, ,

Mailing Address 4222 Gosford Dr

City
AvonState
OHZip Code
44011-4419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Team HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026**Transaction ID : 438BA88BF50860DD66D0**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Thomas, Rodrick, Emmanuel, ,

Mailing Address 101 Rainbow Dr
5732

City
Livingston

State
TX

Zip Code
77399-9301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nomadic Health Partners, LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 29 / 2026

Transaction ID : 45B38ED98F486DC75CB6

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thomas, Sajan, J, ,

Mailing Address 1514 Mariners Hope Way

City
Wylie

State
TX

Zip Code
75098-0210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
USAP

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 27 / 2026

Transaction ID : 4947BE35B9F88A727BF9

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thrower, Anthony, Travis, ,

Mailing Address 2388 Old Tracy Rd

City
Mountain Home

State
AR

Zip Code
72653-8365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Freeman Health, Joplin, Missouri

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2026

Transaction ID : 648D19338E364E9E9E23

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

613.74

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tienhaara, Erin, , ,

Mailing Address 5021 W Dudley Rd

City
Champaign

State
IL

Zip Code
61822-8908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carle Foundation Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 11 / 2026

Transaction ID : 4A76A28C952251F20190

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Timko, Sara, , ,

Mailing Address 1441 Smoochers Cir

City
Colorado Spgs

State
CO

Zip Code
80904-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Intermountain Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 25 / 2026

Transaction ID : 41F68295F06F3D7DCC76

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Timmerman, Nicolas, James, ,

Mailing Address 5498 Bayberry Dr

City
Cincinnati

State
OH

Zip Code
45242-8012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Cincinnati medical center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 15 / 2026

Transaction ID : 49548861F7ACCB65FF96

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

197.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Todd, Raleigh, Dustin, ,

Mailing Address 175 Valley Vw

City
MaynardvilleState
TNZip Code
37807-4160FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lincoln Memorial UniversityOccupation (for Individual)
Teacher, 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
08 / 31 / 2026**Transaction ID : C33B1929F57B41BDB75B**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tolson, Lori, , ,

Mailing Address 1401 NW 46th St

City
Ft LauderdaleState
FLZip Code
33309-3739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lori Tolson LLCOccupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026**Transaction ID : C44503204A8B4F109225**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tolson, Lori, , ,

Mailing Address 1401 NW 46th St

City
Ft LauderdaleState
FLZip Code
33309-3739FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lori Tolson LLCOccupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

293.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 27 / 2026**Transaction ID : 4494BA590ED40133D180**

Amount of Each Receipt this Period

30.41

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

205.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tonelli, Michael, Anthony, ,

Mailing Address 1232 Woodsboro Dr

City
Royal OakState
MIZip Code
48067-1164FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TONELLI ANESTHESIA STAFFINGOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026**Transaction ID : 427CA1B86E3E019F4CFB**

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tonelli, Michael, Anthony, ,

Mailing Address 1232 Woodsboro Dr

City
Royal OakState
MIZip Code
48067-1164FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TONELLI ANESTHESIA STAFFINGOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2026**Transaction ID : 4DF9A415843A402094E9**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Towers, Heather, A, ,

Mailing Address 217 McCombs Rd

City
VenetiaState
PAZip Code
15367-1340FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WVU Uniontown HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026**Transaction ID : 105F466E82874564B242**

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.41

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Towers, Heather, A, ,

Mailing Address 217 McCombs Rd

City
VenetiaState
PAZip Code
15367-1340FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WVU Uniontown HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 04 / 2026

Transaction ID : 428297F82AC34FB954E9

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tracy, Andy, J, ,

Mailing Address 151 E Shorewood Dr

City
Round Lake BeachState
ILZip Code
60073-2757FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Endeavor HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : E5C272F5A83B44DC9B03

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tracy, Kendra, , ,

Mailing Address 2456 SE 88th St

City
RunnellsState
IAZip Code
50237-2156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VituityOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2026

Transaction ID : 4F3D878E52ABB9692B7A

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tran, Michael, , ,

Mailing Address 708 Florida Blvd

City
Altamonte Springs

State
FL

Zip Code
32701-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US Department of Veterans Affairs

Occupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.64

Date of Receipt

08 / 13 / 2026

Transaction ID : 4EF99F52764DB9683919

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trau, Sarah, Elizabeth, ,

Mailing Address 219 Mabrick Ave

City
Pittsburgh

State
PA

Zip Code
15228-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Clair Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1482.46

Date of Receipt

08 / 28 / 2026

Transaction ID : 4B239BF5F14EA60E58B3

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tresohlavy, Elizabeth, K, ,

Mailing Address 6200 Wyckhurst Ct

City
Raleigh

State
NC

Zip Code
27609-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke University/Regional Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 26 / 2026

Transaction ID : 43CA9874BB41627899A1

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

144.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Troshynski, Larry, , ,

Mailing Address 915 18th St
Apt 105

City
Belleville

State
KS

Zip Code
66935-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nodaway Anesthesia Professionals

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 25 / 2026

Transaction ID : 491B98E48285E5235E84

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Trusso, Annie, , ,

Mailing Address PMB 764 Box 10000

City
Saipan

State
MP

Zip Code
96950-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHCC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 21 / 2026

Transaction ID : 4B86AF0185C38BD00C54

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tucker, Elizabeth, McPhail, ,

Mailing Address 3962 Parkcrest Dr NE

City
Brookhaven

State
GA

Zip Code
30319-1604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Fulton Anesthesia Associates

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4A22B3912C4F62B4E777

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 229 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Turner, Suzanne, Boggs, ,Mailing Address 3923 William E Murray Blvd
Unit 4304City
CharlestonState
SCZip Code
29414-5259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MedstreamOccupation (for Individual)
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
08 / 01 / 2026

Transaction ID : EF868B682D0B42FF8B5D

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tweedy, Sarah, , ,

Mailing Address 3016 Hillside Cir

City
NorwalkState
IAZip Code
50211-3000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self - Tweeley, LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026

Transaction ID : 4BDA8F7CCAD8775C4262

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Varela, Debra, S, ,

Mailing Address 1889 Manzanita Dr

City
OaklandState
CAZip Code
94611-1132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BeeSleepy Anesthesia, LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1508.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026

Transaction ID : 6AA430E9B4F04D05BD10

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Varela, Debra, S, ,

Mailing Address 1889 Manzanita Dr

City
OaklandState
CAZip Code
94611-1132FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BeeSleepy Anesthesia, LLCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2026

Transaction ID : 492E8B8FB4043F05B33C

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Veeneman, Sarah, Holt, ,

Mailing Address 13515 Oliver Station Ct

City
LouisvilleState
KYZip Code
40245-2128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Louisville PhysiciansOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026

Transaction ID : 4089B34E8B31B7216C84

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vest, Anna, R, ,Mailing Address 11828 Thomas Mill Dr
11828 Thomas Mill Dr.City
Glen AllenState
VAZip Code
23059-4726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North American Partners in AnesthesiaOccupation (for Individual)
Staff Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2026

Transaction ID : 4B0FB9E7D96C9984116B

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

144.15

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vierthaler, Donna, I, ,

Mailing Address 2866 N Wilderness Ct

City
WichitaState
KSZip Code
67226-2110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	02	2026

Transaction ID : 4D12B447470B786A82E8

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Villalino, Deanna, Kay, ,

Mailing Address 3002 W Julie Dr

City
PhoenixState
AZZip Code
85027-4905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwestern University

Occupation (for Individual)

Assistant Professor Nurse Anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	07	2026

Transaction ID : 4511B2FA035A4CB2D9BB

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Villarreal, Aaron, R, ,

Mailing Address 6205 Via Serena Dr

City
El PasoState
TXZip Code
79912-2664FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Guide Anesthesia

Occupation (for Individual)

CRNA, NSPM-C

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	25	2026

Transaction ID : 24A2A0C3FEBB48DB82F6

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

316.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vojtko, Mark, G, ,

Mailing Address 126 Kelsey Rd

City
Nottingham

State
NH

Zip Code
03290-5514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Delta Wave Anesthesia, PLLC

Occupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 03 / 2026

Transaction ID : E388C50BC4294546B63B

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Voss, Luke, A, ,

Mailing Address 2910 Monterey Blvd

City
Brookfield

State
WI

Zip Code
53005-3742

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Froedtert Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 06 / 2026

Transaction ID : 437D9945EC799F94579E

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Vroman, Alisa, M, ,

Mailing Address 19 Ridgeway Dr

City
Bar Harbor

State
ME

Zip Code
04609-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LMD Anesthesia LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 03 / 2026

Transaction ID : 7E97D4A6F6EC475DA142

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1415.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waddell, Heather, S, ,

Mailing Address 5734 Cotswold Ct

City
Pfafttown

State
NC

Zip Code
27040-9492

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novant Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 13 / 2026

Transaction ID : 4231B17F9E5A7520E958

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wagner, Amanda, C, ,

Mailing Address 199 Majestic

City
Waynesville

State
MO

Zip Code
65583-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 12 / 2026

Transaction ID : 4C39B76B76006E874D87

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Walder, Chase, , ,

Mailing Address 2304 Quiett Ln

City
Mitchell

State
SD

Zip Code
57301-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Huron Regional Medical Center

Occupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 04 / 2026

Transaction ID : 47439C7967C0A27639B1

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

144.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 234 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Walker, Leanne, M, ,

Mailing Address 163 Singleton Rd

City
SarverState
PAZip Code
16055-9639FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Magee Women's Hospital of UPMCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026

Transaction ID : EC661AB1011C4228B1F3

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walker, Leanne, M, ,

Mailing Address 163 Singleton Rd

City
SarverState
PAZip Code
16055-9639FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Magee Women's Hospital of UPMCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026

Transaction ID : 4D9488C0BE17F9EF201E

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wallace, Jerrol, B, ,

Mailing Address 433 Thistley Ln

City
ChesapeakeState
VAZip Code
23322-2463FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNITED STATES NAVYOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1034.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 435FB8C1F3385A82EC2D

Amount of Each Receipt this Period

20.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wallace, Jerrol, B, ,

Mailing Address 433 Thistley Ln

City
ChesapeakeState
VAZip Code
23322-2463FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNITED STATES NAVYOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 409B91DD8510FDD67A5

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wallace, Jerrol, B, ,

Mailing Address 433 Thistley Ln

City
ChesapeakeState
VAZip Code
23322-2463FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNITED STATES NAVYOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.92

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2026

Transaction ID : 897E93E2A14945CAA9CC

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ward, Logan, N, ,

Mailing Address 147 Dock House Rd

City
St JohnsState
FLZip Code
32259-7354FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
1099Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2026

Transaction ID : 4BC5BB5A7A3F739B6779

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

313.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weathers, Sandy, , ,

Mailing Address 161 Viewpointe Dr

City
ClintonState
MSZip Code
39056-6085FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GI AllianceOccupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2026

Transaction ID : 4041AD8F9C6A918E5BDD

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weber, Adam, , ,

Mailing Address 2213 S Firestone Ln

City
Sioux FallsState
SDZip Code
57110-8513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Avera McKennanOccupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 491AB929E57C759F7DAF

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weis, Michael, D, ,

Mailing Address 3788 Paradise Ave N

City
StillwaterState
MNZip Code
55082-7617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lakeview HospitalOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2026

Transaction ID : 433D821CAA5DF374082B

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

91.23

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weisdorffer, Robert, L., ,

Mailing Address 361 Red Gum Dr

City
MadisonvilleState
LAZip Code
70447-3349FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parish Anesthesia AssociatesOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	24	2026

Transaction ID : 4C98999F98105E2F8E02

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wells, Kelly, R., ,

Mailing Address 4877 Waves Pointe

City
WilmingtonState
NCZip Code
28412-6496FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW HANOVER REGIONAL MEDICAL CENTEROccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	23	2026

Transaction ID : 4A65B46333A7B3BB3029

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wertz, Barbara, Lynne, ,

Mailing Address 701 S Howard Ave
Ste 106City
TampaState
FLZip Code
33606-2473FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Garofalo Anesthesia Services, Inc.Occupation (for Individual)
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
08	22	2026

Transaction ID : 496BDF1C57BC4157AB59

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

122.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wertz, Barbara, Lynne, ,

Mailing Address 701 S Howard Ave
Ste 106

City
Tampa

State
FL

Zip Code
33606-2473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Garofalo Anesthesia Services, Inc.

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 26 / 2026

Transaction ID : 4190B85B87F3DE7E40ED

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Westermann, Beth, LaVon, ,

Mailing Address 2980 Oliver Ln NE

City
Iowa City

State
IA

Zip Code
52240-7959

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corridor Ketamine

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3066.64

Date of Receipt

08 / 27 / 2026

Transaction ID : 4CEE7155E6900E6D836

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wheeler, Bradley, J, ,

Mailing Address 237 Dombey Dr

City
Pittsburgh

State
PA

Zip Code
15237-2372

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASPN

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 04 / 2026

Transaction ID : 4B0F943D41B230626FC1

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

299.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 239 OF 254
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. White, Maura, M, ,

Mailing Address 1908 E Gothic Cir

City
Green BayState
WIZip Code
54313-4350FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
noneOccupation (for Individual)
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
08 / 15 / 2026**Transaction ID : 4C2BBE31B904D1388E36**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. White, Rick, , ,

Mailing Address 586 Cottonwood Dr

City
GallatinState
TNZip Code
37066-3688FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVAOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2026**Transaction ID : 437FA86EF5A1147C4E46**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wickenhauser, Desiree, Araujo, ,

Mailing Address 5318 Dover Dr

City
GodfreyState
ILZip Code
62035-1417FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DMW HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2026**Transaction ID : 49FA9DCB9A0B260B9997**

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

213.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 254
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wieland, Keith, F.,

Mailing Address 15 Waterford Way

City
Wallingford

State
PA

Zip Code
19086-7250

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wieland Anesthesia Solutions, pllc

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.28

Date of Receipt

08 / 13 / 2026

Transaction ID : 478EB917F5FB18065F8B

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wiggins, Laura, Lee, ,

Mailing Address 1120 Rural Ridge Dr

City
Cheswick

State
PA

Zip Code
15024-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC/UPP

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1468.28

Date of Receipt

08 / 22 / 2026

Transaction ID : 46B2A7D3B8AA41A598EE

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wiggins, Laura, Lee, ,

Mailing Address 1120 Rural Ridge Dr

City
Cheswick

State
PA

Zip Code
15024-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC/UPP

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1468.28

Date of Receipt

08 / 23 / 2026

Transaction ID : 42A8BE4BE5D79F2407D9

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.82

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wiggins, Laura, Lee, ,

Mailing Address 1120 Rural Ridge Dr

City
CheswickState
PAZip Code
15024-2438FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC/UPPOccupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1468.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : E5D7B31927DF4EAD845F

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilcox, Lelia, P, ,

Mailing Address 829 Beulah Church Rd

City
CamdenState
SCZip Code
29020-8983FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sweet Dreams Anesthesia GroupOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026

Transaction ID : 4E2E9348745E9E8A59E4

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilkinson, Amos, H, ,

Mailing Address 1096 Sicomoro Ct

City
Rio RicoState
AZZip Code
85648-1696FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Amos Wilkinson, CRNAOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026

Transaction ID : 4E55B278E3E53DC8D0F8

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 OF 254
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Danielle, Samantha, ,

Mailing Address 8046 S Orions Belt Dr

City
Tucson

State
AZ

Zip Code
85747-0244

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Guide Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 08 / 2026

Transaction ID : 41C4AC12B000565C54B2

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Erik, D, ,

Mailing Address 668 44th St

City
Astoria

State
OR

Zip Code
97103-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates of the Northwest

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 29 / 2026

Transaction ID : 4C9580A74BAD893CEB12

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Katy, L, ,

Mailing Address 762 Fairway Park Dr

City
Ann Arbor

State
MI

Zip Code
48103-8957

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michigan Medicine

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 22 / 2026

Transaction ID : 42D1A32D0294C76FF4BC

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

488.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Laura, Verner, ,

Mailing Address 403 Luna Ct

City
Franklin

State
TN

Zip Code
37064-8240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 14 / 2026

Transaction ID : 58687FF574774CE29479

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Williams, Stephen, David, ,

Mailing Address 2902 Grayland Ave

City
Richmond

State
VA

Zip Code
23221-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dogwood Anesthesia Associates

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 29 / 2026

Transaction ID : 47DAAEA64DD3E9628173

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williams, Terri, S, ,

Mailing Address 269 Tremont St

City
Newington

State
CT

Zip Code
06111-4745

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Connecticut State University

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 28 / 2026

Transaction ID : 46E79DDE8888509BFE29

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

374.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Willis, Danna, K., ,

Mailing Address 8428 Celsor Rd

City
Hartsville

State
TN

Zip Code
37074-5177

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Middle Tennessee Anesthesia Providers

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 11 / 2026

Transaction ID : 9B1C473CEDC343D0ADB/

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilson, James, Dylan, ,

Mailing Address 3010 Colonial Hill Rd

City
Louisville

State
KY

Zip Code
40205-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UofL Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.64

Date of Receipt

08 / 24 / 2026

Transaction ID : 4933833C87317FFAD0A6

Amount of Each Receipt this Period

33.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilson, Richard, P., ,

Mailing Address 701 Pickens Dr

City
Pendleton

State
SC

Zip Code
29670-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dream Maker Anesthesia Services, LLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2026

Transaction ID : FA03EFCF436F487DB318

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

533.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 OF 254
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winget, Shad, Michael, ,

Mailing Address 9835 Francis Creek Rd

City
Two Rivers

State
WI

Zip Code
54241-9125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Holy Family Memorial/Froedtert

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

08 / 22 / 2026

Transaction ID : 442EBF671BC3B1F876FA

Amount of Each Receipt this Period

91.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Witt, Austin, Jacob, ,

Mailing Address 1141 S Gilbert St
Apt 301

City
Iowa City

State
IA

Zip Code
52240-4560

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Iowa Health Care

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.64

Date of Receipt

08 / 11 / 2026

Transaction ID : 484EAD90EBE71EF11538

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woitzel, Ashley, , ,

Mailing Address 2319 McLeod Dr E

City
West Fargo

State
ND

Zip Code
58078-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanford Health

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 15 / 2026

Transaction ID : 4AB8B386D6F9A7B2A1F5

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

257.91

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wolfe, Bridget, C, ,

Mailing Address 7188 Homestead Ct

City
WarrentonState
VAZip Code
20187-9521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medstream: Fauquier HospitalOccupation (for Individual)
Staff CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1585.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 4276B48D9718FAEE6E89

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wolff, Seth, E, ,Mailing Address 438 N 1000 E
PO Box 2561City
BeaverState
UTZip Code
84713-7964FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wolff Anesthesia INC.Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2026

Transaction ID : 4801A2869B318F6137FE

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wood, Angela, L, ,

Mailing Address 23 Pinewood Dr

City
WinthropState
MEZip Code
04364-3433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Maine Medical CenterOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2026

Transaction ID : 44FCB9FB59E68E40488B

Amount of Each Receipt this Period

30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

322.07

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 254

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wood, Preston, , ,Mailing Address 4502 E Paradise Village Pkwy S
Apt 1009City
PhoenixState
AZZip Code
85032-7736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCSDOccupation (for Individual)
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2026

Transaction ID : 49DBA2CEB6D1EC6E67A3

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Woodard, Anastasiya, Valery, ,

Mailing Address 8523 Epperson Mill Rd

City
MillingtonState
TNZip Code
38053-5319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia by AnastasiyaOccupation (for Individual)
Nurse Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 4045AF27D2C593ED6D30

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woodburn-Camp, Preston, F, ,

Mailing Address 400 W Evergreen Dr

City
Fort AshbyState
WVZip Code
26719-6938FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campfire HealthOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

966.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2026

Transaction ID : 4C97BA93B6783903F125

Amount of Each Receipt this Period

83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Woodford, James, R, ,

Mailing Address 5442 Appaloosa Way

City
Loma Linda

State
MO

Zip Code
64804-8699

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 02 / 2026

Transaction ID : 4047B08784768B98DC14

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wroblewski, Pamela, Marcinak, ,

Mailing Address 265 Scott Haven Rd

City
Sutersville

State
PA

Zip Code
15083-1349

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bpw Medical Associates PC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 14 / 2026

Transaction ID : 4F56A3383BE63B77DDE4

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wulf, Pamela, M, ,

Mailing Address 18726 Castellani

City
San Antonio

State
TX

Zip Code
78258-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gastroenterology Consultants of San An

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 04 / 2026

Transaction ID : 4CDF815BCF5F645BBC24

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wyatt, Chelsey, Diana, ,

Mailing Address 401 9th Ave SW

City
Rugby

State
ND

Zip Code
58368-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heart of America Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 23 / 2026

Transaction ID : 40AABB1B01436219D542

Amount of Each Receipt this Period

30.41

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yancey, Stacy, , ,

Mailing Address 1646 Tudor Dr

City
Asheboro

State
NC

Zip Code
27205-4258

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Twin City Anesthesia

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 04 / 2026

Transaction ID : 48E2ACB5080FE3FF0580

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Young, Tracy, P, ,

Mailing Address 207 Barton Trce

City
Youngsville

State
LA

Zip Code
70592-6633

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2941.64

Date of Receipt

08 / 10 / 2026

Transaction ID : 458384A91C6F16EEE19B

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

322.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 254

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ziolkowski, Cheryl, Lynn, ,

Mailing Address 804 Stoney Dr

City
South Lyon

State
MI

Zip Code
48178-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Trinity-Health Livingston

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2026

Transaction ID : 443DB3D78A099EF1E730

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

78252.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 251 OF 254

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Concerned Americans For Freedom & Opportunity PAC (CAFO PAC)Mailing Address 228 S Washington St
Ste 115City
AlexandriaState
VAZip Code
22314-5404

Purpose of Disbursement

2026 Contribution

011

Candidate Name

Concerned Americans For Freedom & Opportunity PAC (CAFO PAC)

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5		2	0	2	6		

FEC Identification Number

C C00481176

Transaction ID : 21B14F1050E

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Doctors PAC (DEM DOC PAC)Mailing Address 600 Pennsylvania Ave SE
Unit 15180City
WashingtonState
DCZip Code
20003-7508

Purpose of Disbursement

2026 Contribution

011

Candidate Name

Democratic Doctors PAC (DEM DOC PAC)

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5		2	0	2	6		

FEC Identification Number

C C00948448

Transaction ID : CACCE1BE6f

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Pocan For Congress

Mailing Address PO Box 327

City
MadisonState
WIZip Code
53701-0327

Purpose of Disbursement

2026 Primary

011

Candidate Name

Pocan, Mark, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5		2	0	2	6		

FEC Identification Number

C C00502179

Transaction ID : AB2CCB1DC

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

12000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 252 OF 254

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Melissa Bean For Congress

Mailing Address PO Box 59003

City
SchaumburgState
ILZip Code
60159-0003

Purpose of Disbursement

2026 General

011

Candidate Name

Bean, Melissa, Luburich, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2026

FEC Identification Number

C C00919183

Transaction ID : 6C7B708A58/

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tedford For U.S. Congress

Mailing Address PO Box 1221

City
JenksState
OKZip Code
74037-1221

Purpose of Disbursement

2026 General

011

Candidate Name

Tedford, Mark, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2026

FEC Identification Number

C C00943175

Transaction ID : 94D17620068/

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

17000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 253 OF 254

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Barber, Debra, A, ,

Mailing Address 834 Inspiration Way

City
LouisvilleState
KYZip Code
40245-3989

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	8			2	0	2	6		

FEC Identification Number

C**Transaction ID : 6E21C50CB9**

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hudzik, Veronica, LaRue, ,

Mailing Address 837 E 24th St

City
HoustonState
TXZip Code
77009-1707

Purpose of Disbursement

2026Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	2	6		

FEC Identification Number

C**Transaction ID : 5AD9FF2CFB**

Amount of Each Disbursement this Period

60.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

435.82

435.82

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 254 OF 254

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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. Friends of Gentner Drummond 2026

Mailing Address 1409 S. Main Street

City
TulsaState
OKZip Code
74119

Purpose of Disbursement

Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	2	6		

FEC Identification Number

C

Transaction ID : 8FB08998C57

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

5000.00