



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		312817.62
(b) Cash on Hand at Beginning of Reporting Period.....	318213.37	
(c) Total Receipts (from Line 19) .....	119792.84	212188.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	438006.21	525006.21
7. Total Disbursements (from Line 31).....	57700.00	144700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	380306.21	380306.21
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 03 / 01 / 2015 To: 03 / 31 / 2015

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).....	59726.60	106133.22
(ii) Unitemized .....	60066.10	106055.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	119792.70	212188.45
(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) .....	119792.70	212188.45
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.).....	0.14	0.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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))..... ▶	119792.84	212188.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	119792.84	212188.59

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	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.....	57700.00	143700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	57700.00	144700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57700.00	144700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	119792.70	212188.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	119792.70	212188.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 OF 76	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Paul J. Aguiar</b>		Date of Receipt
Mailing Address 1826 McNab Ave		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
Long Beach	CA	90815-4538
FEC ID number of contributing federal political committee.		Transaction ID : <b>980A23EA-5D26-407E-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self Employed	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lacey A. Armistead</b>		Date of Receipt
Mailing Address 912 Viking Dr		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
High Point	NC	27265-1251
FEC ID number of contributing federal political committee.		Transaction ID : <b>54B0DD95DC77455C9070</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Conc Health	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Randy Ashman</b>		Date of Receipt
Mailing Address 2854 W Canyon Ave		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Diego	CA	92123-4648
FEC ID number of contributing federal political committee.		Transaction ID : <b>009848DA-8481-45B5-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>
Name of Employer	Occupation	
US Navy	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1015.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Paul N. Austin</b>		Date of Receipt
Mailing Address 14311 Harvest Moon Rd		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2015
City	State	Zip Code
Boyd	MD	20841-4353
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Texas Wesleyan University	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	
		Amount of Each Receipt this Period
		500.00

Full Name (Last, First, Middle Initial) <b>B. Angela E. Bartelt</b>		Date of Receipt
Mailing Address 319 Kings Croft		M M M / D D D / Y Y Y Y Y Y 03 / 07 / 2015
City	State	Zip Code
Cherry Hill	NJ	08034-1101
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Burlington Anesthesia Associates	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	
		Amount of Each Receipt this Period
		300.00

Full Name (Last, First, Middle Initial) <b>C. David C. Beeman</b>		Date of Receipt
Mailing Address 1923 Paseo Real Cir		M M M / D D D / Y Y Y Y Y Y 03 / 19 / 2015
City	State	Zip Code
El Paso	TX	79936-3723
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
University Medical Center of El Paso	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	
		Amount of Each Receipt this Period
		300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dick A. Beinborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 62598 Bluffs of Wildernest

City Prairie Du Chien	State WI	Zip Code 53821-8810
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FEC ID number of contributing federal political committee. **C**

Name of Employer Beinborn Anesthesia SC	Occupation CRNA
--	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

**Transaction ID : DA718A15-72E8-4066-**

Amount of Each Receipt this Period  
500.00

**B. Jane I. Belcher**  
Full Name (Last, First, Middle Initial)

Mailing Address 1928 Maiden Ln SW

City Roanoke	State VA	Zip Code 24015-2320
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Clinic	Occupation CRNA
-------------------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : 07ED24F92103415D915B**

Amount of Each Receipt this Period  
250.00

**C. Mark M. Bjornstad**  
Full Name (Last, First, Middle Initial)

Mailing Address 2619 N Miller Dr

City Moorhead	State MN	Zip Code 56560-1404
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sanford Health	Occupation CRNA
------------------------------------	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : B9B0DF23DBE14655B698**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	835.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dennis C. Bless**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 2nd St NE  
Unit 170

City Minneapolis State MN Zip Code 55413-2568

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

Name of Employer Fair View Southdale Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
03 / 01 / 2015  
**Transaction ID : BE57711717B44C3A900C**

Amount of Each Receipt this Period  
250.00

**B. Dennis C. Bless**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 2nd St NE  
Unit 170

City Minneapolis State MN Zip Code 55413-2568

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

Name of Employer Fair View Southdale Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : 9D0B58A699274575ACAF**

Amount of Each Receipt this Period  
100.00

**C. Brittany Rosenthal Bossier**  
Full Name (Last, First, Middle Initial)

Mailing Address 1846 N Halsted St  
Unit 2

City Chicago State IL Zip Code 60614-5007

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

Name of Employer Oakland University Occupation SRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : D805BF5037A048B69CDB**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Rachel E. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1046 Grassland Chase Dr  
 City Gallatin State TN Zip Code 37066-4474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Middle Tennessee School of Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2015  
**Transaction ID : 98367BCE-9DFA-4392-**  
 Amount of Each Receipt this Period  
**365.00**

**B. Douglas G. Bufkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4524 N Gantenbein Ave  
 City Portland State OR Zip Code 97217-2910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Portland Anesthesia Specialists/TeamHe Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015  
**Transaction ID : 66635094B5004234B6EE**  
 Amount of Each Receipt this Period  
**500.00**

**C. Rodney K. Cannaday**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4011 Oak Creek Dr  
 City Nacogdoches State TX Zip Code 75965-6528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nacogdoches Surgery Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : 72440471812243249152**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1865.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. John M. Carpenter</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015
Mailing Address 111 Culpepper Ln		<b>Transaction ID : DABA6BBD95D04851B5F4</b>
City Easley	State SC	Zip Code 29642-8631
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.33	
Name of Employer Easley Baptist	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. T'Anyia Marye Carter</b>		Date of Receipt MM / DD / YYYY 03 / 03 / 2015
Mailing Address 2228 Colony Ct		<b>Transaction ID : 441FAAB00BFCEAB581EF</b>
City Dallas	State TX	Zip Code 75235-3521
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.33	
Name of Employer Anesthesia Consultants of Dallas	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.66	

Full Name (Last, First, Middle Initial) <b>C. Ross V. Castille</b>		Date of Receipt MM / DD / YYYY 03 / 06 / 2015
Mailing Address 18129 Glen Park Dr		<b>Transaction ID : 636A3C31-AC10-4D8E-</b>
City Baton Rouge	State LA	Zip Code 70817-9529
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00	
Name of Employer Declined	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	656.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Laura Annette Castleberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11801 Harbour Pointe Blvd  
 Unit 312  
 City Mukilteo State WA Zip Code 98275-5266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 344.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : 362E570F-7DBF-43B0-**  
 Amount of Each Receipt this Period 200.00

**B. Annette M. Chenevey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5923 Ayala Ave  
 City Oakland State CA Zip Code 94609-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oakland Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : 3A03F35E-E713-4E48-**  
 Amount of Each Receipt this Period 2000.00

**C. Danielle Sumer Christensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4401 W Goshen Ave  
 Apt 111  
 City Visalia State CA Zip Code 93291-9724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaweah Delta Health Care District Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : 0997C382-62F3-4448-**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rodger S. Christy**  
Full Name (Last, First, Middle Initial)

Mailing Address 7628 Buckland Pl

City Lorton State VA Zip Code 22079-4729

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

Name of Employer U.S. Army Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : 198C4906-C4E3-46E5-**

Amount of Each Receipt this Period  
 365.00

**B. Charles P. Clark III**  
Full Name (Last, First, Middle Initial)

Mailing Address 1139 Eagle Ridge Dr

City El Paso State TX Zip Code 79912-7476

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

Name of Employer University Medical Center of El Paso Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : F5E60202-31DA-4F69-**

Amount of Each Receipt this Period  
 250.00

**C. Dustin J. Degman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 Legacy Oaks Pl

City Asheville State NC Zip Code 28803-4586

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

Name of Employer Asheville Anesthesia Associates, P.A. Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : 41C8A2E5646EE7735D00**

Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	698.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Edward M. Demaree**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Pineywood Acres Dr  
 City Madison State TN Zip Code 37115-5710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TriStar Greenview Regional Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : FF383957B55444E0B46B**  
 Amount of Each Receipt this Period 250.00

**B. Carole Verkinderen Doyscher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2943 Fairway Dr  
 City Chaska State MN Zip Code 55318-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : E3D811047FC3441EAA58**  
 Amount of Each Receipt this Period 250.00

**c. Mary G. Dudley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 607 L Hauser Rd  
 City Onalaska State WI Zip Code 54650-2054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gundersen Health System Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 19 / 2015  
**Transaction ID : 45BEB61D-B5D8-4126-**  
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jeremy B. Durel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Fording Bnd  
 City Bluffton State SC Zip Code 29910-5161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Health Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : 5F9D1A2C-7FE7-4949-**  
 Amount of Each Receipt this Period  
 250.00

**B. Augustine B. Edusei-Nyemitei**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 Sedalia Brook Ln  
 565 South Mason Road # 382  
 City Katy State TX Zip Code 77494-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GULF ANESTHSIA ASSOCIATES Occupation NURSE-ANESTHETIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 21094847-3BE5-427A-**  
 Amount of Each Receipt this Period  
 365.00

**C. David G. Ellis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 91 Purteman Gulch Rd  
 City Chelan State WA Zip Code 98816-9530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer refused Occupation refused  
 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  
 03 / 17 / 2015  
**Transaction ID : 91EED3394BC84F57A38F**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ashley E. Fedan**  
Full Name (Last, First, Middle Initial)

Mailing Address 18911 NE 168th St

City Woodinville State WA Zip Code 98072-6125

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

Name of Employer Self Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : 18788135D0A14F579BAF**

Amount of Each Receipt this Period  
 250.00

**B. Thomas Guy Fevurly**  
Full Name (Last, First, Middle Initial)

Mailing Address 11032 Cobble Brook Dr

City Centerville State OH Zip Code 45458-9726

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

Name of Employer U.S. Air Force Occupation Director, Nurse Anesthesia Clinical Ed

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  
 03 / 06 / 2015  
**Transaction ID : EC0F7C75AEA245C9BA34**

Amount of Each Receipt this Period  
 1000.00

**c. Joseph F. Gall**  
Full Name (Last, First, Middle Initial)

Mailing Address 624 Forest Hill Rd Apt B4

City Macon State GA Zip Code 31210-4609

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

Name of Employer Anesthesia Resource Management Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : BA658A9CB554403DBCF9**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Robert J. Gauvin**

Mailing Address PO Box 111

City Mattapoisett State MA Zip Code 02739-0111

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

Name of Employer Anesthesia Professionals, Inc. Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.02**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : 416FB8F54EC02A3784A9**

Amount of Each Receipt this Period  
**208.34**

Full Name (Last, First, Middle Initial)  
**B. David Gay**

Mailing Address 21050 Odom Rd

City Citronelle State AL Zip Code 36522-5154

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

Name of Employer Anesthesia Solutions Of Mobile Inc. Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 25 / 2015**

**Transaction ID : 9BDE49B3A0014CC98DE8**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Deborah A. Geisler**

Mailing Address 14402 Marina San Pablo Pl Apt 903

City Jacksonville State FL Zip Code 32224-0827

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

Name of Employer Self Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 19097C9D-FE1D-472A-**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1708.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffery Glasgow**  
Full Name (Last, First, Middle Initial)

Mailing Address 5109 Kings Mill Rd

City Lawrence State KS Zip Code 66047-1897

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

Name of Employer Self Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 12 / 2015**

**Transaction ID : E1B5B3F4600646CEB924**

Amount of Each Receipt this Period  
**250.00**

**B. Kimberly Anne Gordon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1824 Elizabeth Ave

City Winston Salem State NC Zip Code 27103-2714

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

Name of Employer Wake Forest Baptist Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 27 / 2015**

**Transaction ID : 2964888272764918BEC5**

Amount of Each Receipt this Period  
**250.00**

**C. Patricia M. Gottschalk**  
Full Name (Last, First, Middle Initial)

Mailing Address 5209 Mission Ave

City Dallas State TX Zip Code 75206-6650

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

Name of Employer SELF EMPLOYED Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 05 / 2015**

**Transaction ID : 4354CBE0-2687-4FD2-**

Amount of Each Receipt this Period  
**365.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **865.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Blake A. Griffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 11437 Night Wind Ct

City Rapid City State SD Zip Code 57703-8539

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

Name of Employer Rapid City Regional Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 773C1A9AD76D440FB818**

Amount of Each Receipt this Period  
 365.00

**B. Lorraine M. Haban**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Paseo De La Tierra

City Santa Fe State NM Zip Code 87506-8579

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

Name of Employer Self Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2015

**Transaction ID : 4DBCA6A5B3AFE1CF8AB5**

Amount of Each Receipt this Period  
 83.33

**C. Matthew J. Hamiel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1986 Hammargren Rd

City Mora State MN Zip Code 55051-7439

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

Name of Employer FirstLight Health System Occupation 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 Y  
 03 / 09 / 2015

**Transaction ID : D7A605E5-9F9A-4D45-**

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	813.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Theodor C. Hancke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 712 Wilford Way  
 City Heath State TX Zip Code 75032-6447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northstar Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : 78624AAF59ED4253AA23**  
 Amount of Each Receipt this Period 250.00

**B. John F. Hanlon Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Towhee Dr  
 City Hudson State NH Zip Code 03051-3339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 11 / 2015  
**Transaction ID : BCE014A72A884A418908**  
 Amount of Each Receipt this Period 250.00

**C. Joanne K. Heins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 398 Otsego Ct  
 City Henderson State NV Zip Code 89012-4862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mike O'Callaghan Federal Medical Cente Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : 05B006DB-4A0D-4F3B-**  
 Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: (check only one)	PAGE 21 OF 76
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Jill D. Henry**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Ravenwood Cir

City Bloomington State IL Zip Code 61704-8424

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

Name of Employer Advocate Medical Group Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : 9D5DA694-66B8-4246-**

Amount of Each Receipt this Period  
 365.00

**B. Philip Hernandez**  
Full Name (Last, First, Middle Initial)

Mailing Address 7450 Oak Park Village Dr Apt 5

City Saint Louis Park State MN Zip Code 55426-4140

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

Name of Employer Minneapolis School of Anesthesia Occupation Student

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  
 03 / 23 / 2015

**Transaction ID : 157C3B3A743E46D3B953**

Amount of Each Receipt this Period  
 250.00

**C. Louise E. Hershkowitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2020 Turtle Pond Dr

City Reston State VA Zip Code 20191-4048

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

Name of Employer NAPA Anesthesia Services Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : 8FE24F2901BC4A38BD48**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Maria Hirsch**  
Full Name (Last, First, Middle Initial)

Mailing Address 5671 Split Rail Ln

City Roanoke State VA Zip Code 24018-8065

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

Name of Employer carilion professional services Occupation coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 13 / 2015  
Transaction ID : F3C8A3A1527C4FF598D0

Amount of Each Receipt this Period  
250.00

**B. John T. Hitchens**  
Full Name (Last, First, Middle Initial)

Mailing Address 1715 Farmshire Ct

City Jarrettsville State MD Zip Code 21084-1507

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

Name of Employer Watchful Care Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 791.66

Date of Receipt  
03 / 12 / 2015  
Transaction ID : DE9542089EA94700AE15

Amount of Each Receipt this Period  
250.00

**C. John T. Hitchens**  
Full Name (Last, First, Middle Initial)

Mailing Address 1715 Farmshire Ct

City Jarrettsville State MD Zip Code 21084-1507

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

Name of Employer Watchful Care Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 791.66

Date of Receipt  
03 / 12 / 2015  
Transaction ID : 199282838F494B2CB0F7

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John T. Hitchens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 Farmshire Ct  
 City Jarrettsville State MD Zip Code 21084-1507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Watchful Care Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 791.66

Date of Receipt 03 / 12 / 2015  
**Transaction ID : 446DAC6480C47BF39D10**  
 Amount of Each Receipt this Period 208.33

**B. Karen J. Hitesman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 Forest Acre Ct  
 City Salem State VA Zip Code 24153-8728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SALEM VETERANS HOSPITAL Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 03 / 01 / 2015  
**Transaction ID : 47EB9180630B1328412B**  
 Amount of Each Receipt this Period 625.00

**C. Sharon E. Hollenkamp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1003 S 14th St  
 City Artesia State NM Zip Code 88210-2690  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 20 / 2015  
**Transaction ID : 702A813A-1176-4889-**  
 Amount of Each Receipt this Period 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1198.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ruth A. Bilharz Holst**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41835 N Pedersen Dr S  
City Antioch State IL Zip Code 60002-9524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NorthShore University Health Systems Occupation CRNA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : B1031D72-40F0-4AD0-**  
Amount of Each Receipt this Period 365.00

**B. Mark E. Hopkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Amsterdam Ln  
City Simpsonville State SC Zip Code 29681-5986  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Greenville Hospital System Occupation CRNA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2015  
**Transaction ID : 2EF78820-5EEE-4CFF-**  
Amount of Each Receipt this Period 500.00

**C. Justin E. Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 311 Pine Ave E  
City Menomonie State WI Zip Code 54751-1316  
FEC ID number of contributing federal political committee. **C**  
Name of Employer team health Occupation CRNA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 749.97

Date of Receipt 03 / 07 / 2015  
**Transaction ID : 4F3DBDF40E138ED64A56**  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 948.33  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Linda M. Huffman**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 Fieldstone

City Poland State OH Zip Code 44514-4201

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

Name of Employer Youndstown Nurse Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2015  
Transaction ID : 8ED0F70D875B4B5E9E2E

Amount of Each Receipt this Period 250.00

**B. Benjamin T. Hughes**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 W Marshall St

City Falls Church State VA Zip Code 22046-4012

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

Name of Employer Inova Fairfax Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2015  
Transaction ID : 72E9A80E44354F298247

Amount of Each Receipt this Period 250.00

**C. Darline K. Hurst**  
Full Name (Last, First, Middle Initial)

Mailing Address 12206 Raven Rook Dr

City Cypress State TX Zip Code 77429-3184

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

Name of Employer MD ANDERSON Occupation Declined

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 02 / 2015  
Transaction ID : 7E11E5C8-E96B-44FD-

Amount of Each Receipt this Period 240.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 740.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James A. Husson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Stetson Dr  
 City Hampden State ME Zip Code 04444-3444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nurse Anesthesia of Maine Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : B32D538126E14002A697**  
 Amount of Each Receipt this Period 300.00

**B. John F. Hust**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16340 N County Road 24  
 City Wabasha State MN Zip Code 55981-7533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Elizabeth's Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2015  
**Transaction ID : 8F6FFEE1431947328A32**  
 Amount of Each Receipt this Period 500.00

**C. Janice J. Izlar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Huntingwood Retreat  
 City Savannah State GA Zip Code 31411-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Georgia Institute for Plastic Surgery Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : D80BFAD6CB74499087CB**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Katherine M. Jacobsen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 02 / 2015 <b>Transaction ID : 8215C33C86DD4695989C</b>
Mailing Address 6065 Hillsboro Dr NW		Amount of Each Receipt this Period 250.00
City Rochester	State MN	Zip Code 55901-6877
FEC ID number of contributing federal political committee. C	Name of Employer Student	Occupation CRNA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Jerry J. Jacobson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2015 <b>Transaction ID : D4234F03679A419FA834</b>
Mailing Address PO Box 179		Amount of Each Receipt this Period 1000.00
City Sugarcreek	State OH	Zip Code 44681-0179
FEC ID number of contributing federal political committee. C	Name of Employer Information Requested	Occupation CRNA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Karl A. Jacobson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2015 <b>Transaction ID : 14BC94A209914591AB9A</b>
Mailing Address 1192 Stanley Dr		Amount of Each Receipt this Period 240.00
City Newport	State WA	Zip Code 99156-8702
FEC ID number of contributing federal political committee. C	Name of Employer Information Requested	Occupation CRNA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kathryn Jansky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9283 Kornbrust Dr  
 City Lone Tree State CO Zip Code 80124-5334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Group Health Cooperative Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : 5679C9E03A0A4645A75F**  
 Amount of Each Receipt this Period **250.00**

**B. Candace B. Jaruzel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 Wappoo Rd  
 City Charleston State SC Zip Code 29407-7632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical University of South Carolina Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 23 / 2015**  
**Transaction ID : 21CE976971B04092B3C1**  
 Amount of Each Receipt this Period **250.00**

**C. Constance Jenkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24245 Wilderness Oak Apt 3407  
 City San Antonio State TX Zip Code 78258-7862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US Army Occupation Program Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 15 / 2015**  
**Transaction ID : 66E9B1758AEB4AB2B607**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Cindy L. Jewett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2205 Lamont St  
 City Kingsport State TN Zip Code 37664-2059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : 9F79E22E-E852-44C1-**  
 Amount of Each Receipt this Period  
 365.00

**B. Valorie L. Johnson-Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2016 Crawford St  
 City West Plains State MO Zip Code 65775-2282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Via Christi QuickCare Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : F82DD54CF88249178DC9**  
 Amount of Each Receipt this Period  
 365.00

**C. Jerromy L. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1217 Canterbury Dr  
 City Yukon State OK Zip Code 73099-3492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integris Canadian Valley Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : 9937C141A14543E99863**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	980.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 76  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Robert Wayne Jones**

Mailing Address 3410 Thoresby Ct

City Winston Salem      State NC      Zip Code 27104-1740

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

Name of Employer Froedtert Hospital      Occupation CRNA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**530.41**

Date of Receipt  
**03 / 25 / 2015**  
**Transaction ID : DD8767FA253D4717A45A**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Robert Wayne Jones**

Mailing Address 3410 Thoresby Ct

City Winston Salem      State NC      Zip Code 27104-1740

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

Name of Employer Froedtert Hospital      Occupation CRNA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**530.41**

Date of Receipt  
**03 / 28 / 2015**  
**Transaction ID : 40A288C248D4019F4B4C**

Amount of Each Receipt this Period  
**30.41**

Full Name (Last, First, Middle Initial)  
**C. Lorraine M. Jordan**

Mailing Address 713 Potomac Ave

City Naperville      State IL      Zip Code 60565-3422

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

Name of Employer AANA      Occupation Senior Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 20 / 2015**  
**Transaction ID : 20E8A7EBBCFC4B3ABF1C**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **780.41**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Richard J. Jueneman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 W James Ave  
 City Marshall State MN Zip Code 56258-1638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Weiner Memorial Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 26 / 2015**  
**Transaction ID : 4A4A9534D8D2281098E3**  
 Amount of Each Receipt this Period **100.00**

**B. Phyllis B. Kantor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 Lee Way  
 City Milpitas State CA Zip Code 95035-9016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Health Group Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **874.99**

Date of Receipt **03 / 08 / 2015**  
**Transaction ID : 46249F925723911ACB63**  
 Amount of Each Receipt this Period **208.33**

**C. Michael J. Kapp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1405  
 City Cary State NC Zip Code 27512-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Womack Army Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : 57A114B11E25478092E8**  
 Amount of Each Receipt this Period **365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **673.33**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Karyn Karp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1078 Fryer Creek Dr  
 City Sonoma State CA Zip Code 95476-7574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser San Rafael Occupation Chief 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  
 03 / 18 / 2015  
**Transaction ID : 98561360-449E-4E78-**  
 Amount of Each Receipt this Period  
 1000.00

**B. Brian J. Kasson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10296 Gentlewind Dr  
 City Montgomery State OH Zip Code 45242-5813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OFFICE BASED ANESTHESIA SERVICES, LLC Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : 6128766AA52F407FB226**  
 Amount of Each Receipt this Period  
 125.00

**C. Brian J. Kasson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10296 Gentlewind Dr  
 City Montgomery State OH Zip Code 45242-5813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OFFICE BASED ANESTHESIA SERVICES, LLC Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : 22C2851EBAA04594AAD4**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Craig A. Kluck**  
Full Name (Last, First, Middle Initial)

Mailing Address 2650 Riverside Ln NE

City Rochester State MN Zip Code 55906-3455

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

Name of Employer OLD CROW ANESTHESIA SERVICE Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 4CF167074C904135B92B**

Amount of Each Receipt this Period  
 250.00

**B. Ellen Kraus-Schaeffer**  
Full Name (Last, First, Middle Initial)

Mailing Address 10323 N Prairie Dr

City Spokane State WA Zip Code 99208-9599

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

Name of Employer Holy Family Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2015  
**Transaction ID : 1523A2CA1CC546A5916B**

Amount of Each Receipt this Period  
 250.00

**C. Catherine M. L'Heureux**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Windsor Commons Dr

City Kennebunk State ME Zip Code 04043-6951

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

Name of Employer Mercy Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : 733B315CDA2A4E1FA897**

Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Catherine M. L'Heureux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Windsor Commons Dr  
 City Kennebunk State ME Zip Code 04043-6951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.41

Date of Receipt 03 / 31 / 2015  
**Transaction ID : 4B43BB7A9DA99F901B5E**  
 Amount of Each Receipt this Period 30.41

**B. Holly V. Lashmet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65675 711 Rd  
 City Falls City State NE Zip Code 68355-2464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shadow Anesthesia Services Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : D1482400-07D6-4B17-**  
 Amount of Each Receipt this Period 250.00

**C. Steven R. Leach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1049 Redfish St  
 City Bayou Vista State TX Zip Code 77563-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Medical Br Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 17 / 2015  
**Transaction ID : 43E69305E8F9739BA8D6**  
 Amount of Each Receipt this Period 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	363.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dawn Borth Lewellen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Hickory Valley Ct

City Arlington State TX Zip Code 76006-4002

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

Name of Employer Self Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : 413408C9D3954E559D5A**

Amount of Each Receipt this Period 365.00

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

Mailing Address 107 Greene Ave

City Brooklyn State NY Zip Code 11238-1009

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

Name of Employer Memorial Sloan Kettering Cancer Center Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2015  
**Transaction ID : B332997E68A345B5859A**

Amount of Each Receipt this Period 83.33

**C. Taylor Rae Longville**  
Full Name (Last, First, Middle Initial)

Mailing Address 905 S Cloudas Ave

City Sioux Falls State SD Zip Code 57103-2825

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

Name of Employer Information Requested Occupation Student

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : A441FBF163CC4AB28C50**

Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	698.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 3616 Edmund Blvd

City State Zip Code  
Minneapolis MN 55406-2944

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

Name of Employer Occupation  
Veterans Affairs Medical Center CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
03 / 10 / 2015  
**Transaction ID : 490585090C65C0476DC7**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**B. Rebecca L. Lucke**

Mailing Address 5135 N Harborside Ct

City State Zip Code  
Wichita KS 67204-2370

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

Name of Employer Occupation  
Wesley Medical Center CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 26 / 2015  
**Transaction ID : C0443B5BEB734F9EAD46**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**c. Josephine H. Macmang**

Mailing Address 1812 Alvin Ave

City State Zip Code  
Cleveland OH 44109-4676

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

Name of Employer Occupation  
Self Employed CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 09 / 2015  
**Transaction ID : 689E9715-C31B-4D2F-**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 583.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Evelyn A. Mahar**

Mailing Address 456 Farmridge Ct

City Rochester Hills State MI Zip Code 48307-3420

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

Name of Employer Kensington Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : 22CD3EEB-81FB-4EDB-**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**B. Debra Pecka Malina**

Mailing Address 45730 Hopactong St

City Temecula State CA Zip Code 92592-5738

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2015  
**Transaction ID : E4CA61BFBA4F4B8EA740**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1220 Hunter Ct

City Creedmoor State NC Zip Code 27522-7280

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

Name of Employer Self Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : 460A9FECFCF42EE9FC17**

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 698.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Maribeth Leigh Massie</b>		Date of Receipt
Mailing Address 684 Shore Rd		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Cape Neddick	ME	03902-7342
FEC ID number of contributing federal political committee.		Transaction ID : <b>A7AB558B28524C6FA198</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
University of New England	Program Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lisa P. Maw</b>		Date of Receipt
Mailing Address 1732 Lydia Ave W		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
Roseville	MN	55113-1409
FEC ID number of contributing federal political committee.		Transaction ID : <b>6B2DEC616E7245D9B605</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
United Hospital	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.41"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lisa P. Maw</b>		Date of Receipt
Mailing Address 1732 Lydia Ave W		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
Roseville	MN	55113-1409
FEC ID number of contributing federal political committee.		Transaction ID : <b>4CC0944C6C02E080B4CE</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.41"/>
Name of Employer	Occupation	
United Hospital	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.41"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="530.41"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Neal M. Maxfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Badger Run Dr

City Dillon State MT Zip Code 59725-6535

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

Name of Employer Barrett Hospital and Health Care Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : 892B2686-0D04-44FE-**

Amount of Each Receipt this Period 250.00

**B. Lisa L. McKenzie**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 226

City Flat Top State WV Zip Code 25841-0226

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

Name of Employer Charleston Area Medical Center Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : 4CA1EA92-5408-43F9-**

Amount of Each Receipt this Period 365.00

**C. Tom L. McKibban**  
Full Name (Last, First, Middle Initial)

Mailing Address 3650 N Main St

City El Dorado State KS Zip Code 67042-8474

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

Name of Employer MId America Anesthesia Professionals Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 4B099FB25D247299B4B2**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Paul R. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 819 Eaton Way

City Hesperus State CO Zip Code 81326-8727

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

Name of Employer Four Corners Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : EC27E890-CCDE-4CAD-**

Amount of Each Receipt this Period  
 300.00

**B. Randall D. Moore II**  
Full Name (Last, First, Middle Initial)

Mailing Address 4101 Gaskell Dr

City Springfield State IL Zip Code 62711-4020

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

Name of Employer Passavant Area Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 7E58101CC40E484D81DD**

Amount of Each Receipt this Period  
 250.00

**C. Robert Allan Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4739 Saddlebrook Dr

City Benbrook State TX Zip Code 76116-1448

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

Name of Employer SHC Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : 48AA9A14-9976-4A95-**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 915.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Lisa Mueller</b>		Date of Receipt
Mailing Address 37 Sylvan Ave		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Pleasant Ridge	MI	48069-1236
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mueller Anesthesia Services	CRNA, President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	
		Transaction ID : <b>BF12BCB7F6C94AE788D5</b>
		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>

Full Name (Last, First, Middle Initial) <b>B. Jeffrey E. Murray</b>		Date of Receipt
Mailing Address 16 Longwood Ln		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Columbus	NJ	08022-2122
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Hamilton Anesthesia Group	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : <b>F1355F6CD4964334A115</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. Michael W. Neft</b>		Date of Receipt
Mailing Address 1220 Crescent Pl Apt 3K		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Pittsburgh	PA	15217-3503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
University of Pittsburgh	Assistant Professor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="505.00"/>	
		Transaction ID : <b>40A79261E02023B29D47</b>
		Amount of Each Receipt this Period
		<input type="text" value="85.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Amy Pfeil Neimkin</b>		Date of Receipt
Mailing Address 368 Woodward Ct		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Birmingham	AL	35242-6040
FEC ID number of contributing federal political committee.		Transaction ID : <b>4A07871784829BF78B28</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
UAB	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="749.99"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cheryl L. Nimmo</b>		Date of Receipt
Mailing Address 26 Aberdeen Rd		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Riverside	RI	02915-5002
FEC ID number of contributing federal political committee.		Transaction ID : <b>E36671297D754FDF9C26</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
university of new england	assistant program director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="496.67"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Cheryl L. Nimmo</b>		Date of Receipt
Mailing Address 26 Aberdeen Rd		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Riverside	RI	02915-5002
FEC ID number of contributing federal political committee.		Transaction ID : <b>2B384DDA8D2244A59274</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
university of new england	assistant program director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="496.67"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="413.33"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. John M. Nulty**  
Full Name (Last, First, Middle Initial)

Mailing Address 212 Winrow Dr

City State Zip Code  
Jamestown NC 27282-8433

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

Name of Employer Occupation  
Greensboro Anesthesia Specialists, Inc 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  
03 / 02 / 2015

**Transaction ID : B0E3EBAC-0E69-4BAF-**

Amount of Each Receipt this Period  
300.00

**B. Mary K. O'Brien**  
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Deer Woods Dr NE

City State Zip Code  
Swisher IA 52338-9436

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

Name of Employer Occupation  
University of Iowa Dept. of Anesthesia CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
341.23

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : 4202B985518750C6D668**

Amount of Each Receipt this Period  
30.41

**c. Mark G. Odden**  
Full Name (Last, First, Middle Initial)

Mailing Address 17893 224th St

City State Zip Code  
Manchester IA 52057-8629

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

Name of Employer Occupation  
Self 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  
03 / 27 / 2015

**Transaction ID : C9EA26130A8540DEB93D**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 830.41

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Curtis W. Olson**

Mailing Address 662 196th Ave

City Somerset State WI Zip Code 54025-6930

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

Name of Employer Anesthetists Inc. of Wisconsin Occupation President/staff anesthetist

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  
 03 / 10 / 2015  
**Transaction ID : 293FBFAD-76D9-41A9-**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Mary Darlene Papin**

Mailing Address 151 E Park St

City Westerville State OH Zip Code 43081-2303

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

Name of Employer RETIRED Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : 549F373A585449ED9E54**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Bethany Corinne Parker**

Mailing Address 185 Saint Jude St Apt 10

City Biloxi State MS Zip Code 39530-3646

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

Name of Employer Grand Strand Regional Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : 4A0BAAF54992029037AF**

Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1583.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ruth Mae Parker</b>		Date of Receipt
Mailing Address 1228 Westloop Pl		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Manhattan	KS	66502-2840
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3CF2D754-46FA-40C8-</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SelfEmployed	crna	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patricia A. Parolari</b>		Date of Receipt
Mailing Address 2104 Wake Forest St		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Virginia Beach	VA	23451-1419
FEC ID number of contributing federal political committee.		<b>Transaction ID : 3AF23A9CA4234538B86F</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Atlantic Anesthesia	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sharon P. Pearce</b>		Date of Receipt
Mailing Address 1366 Becks Nursery Rd		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lexington	NC	27292-7099
FEC ID number of contributing federal political committee.		<b>Transaction ID : 0C09D708EE634E68A1CA</b>
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Carolina Anesthesia	CRNA	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial)  
**A. Anthony T. Pemerton**

Mailing Address 110 Valley Brook Dr SE

City Rome State GA Zip Code 30161-5966

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

Name of Employer Harbin Clinic Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt  
 03 / 18 / 2015  
**Transaction ID : 4DAD9A69CBDC101F1792**

Amount of Each Receipt this Period  
**208.33**

Full Name (Last, First, Middle Initial)  
**B. Larry J. Pete**

Mailing Address 16 Waverley Way

City Houma State LA Zip Code 70360-7936

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

Name of Employer South LA Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : E4B50D0C56B14D7E9FD6**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**C. Barbara A. Peterman**

Mailing Address 5315 N Marlborough Dr

City Milwaukee State WI Zip Code 53217-5345

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

Name of Employer Froedtert Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 03 / 26 / 2015  
**Transaction ID : 546838B2-999D-4EEC-**

Amount of Each Receipt this Period  
**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>873.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kelly Sue Petz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23955 Mill Cove Rd  
 City California State MD Zip Code 20619-3576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 03 / 24 / 2015  
**Transaction ID : 16237ECF47A04189A419**  
 Amount of Each Receipt this Period  
 250.00

**B. Danette Plautz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9020 Pettit Dr  
 City Highland State IN Zip Code 46322-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Great Lakes Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt  
 03 / 09 / 2015  
**Transaction ID : 4030832A9729416BB516**  
 Amount of Each Receipt this Period  
 83.34

**C. Danette Plautz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9020 Pettit Dr  
 City Highland State IN Zip Code 46322-2154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Great Lakes Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt  
 03 / 11 / 2015  
**Transaction ID : CE08DDCBA31E41A9AC47**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	458.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Danette Plautz**  
Full Name (Last, First, Middle Initial)

Mailing Address 9020 Pettit Dr

City Highland State IN Zip Code 46322-2154

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

Name of Employer Great Lakes Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : A0828AEC0A2D44389FD3**

Amount of Each Receipt this Period  
 250.00

**B. Janice Plyler**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 Plantation Cir

City Kathleen State GA Zip Code 31047-2039

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

Name of Employer Self Employed Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : 93332512-68C5-4847-**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 2001 Fringewood Dr

City Midland State TX Zip Code 79707-5051

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

Name of Employer Permian Anesthesia Associates Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015

**Transaction ID : DD6F480C-6A09-4F28-**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3115.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Philip J. Powers**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 S Parkway

City Columbus State NE Zip Code 68601-4506

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

Name of Employer: McLauren Rgional Medical Center Occupation: CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 18 / 2015  
**Transaction ID : F7A483BCB2CC491D821E**

Amount of Each Receipt this Period: 250.00

**B. Kelli A. Pryor**  
Full Name (Last, First, Middle Initial)

Mailing Address 6116 Persimmons Ct

City Parkville State MO Zip Code 64152-3140

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

Name of Employer: Truman Medical Center East Occupation: CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 10 / 2015  
**Transaction ID : 44F457B802384DBF8633**

Amount of Each Receipt this Period: 500.00

**C. Kelli A. Pryor**  
Full Name (Last, First, Middle Initial)

Mailing Address 6116 Persimmons Ct

City Parkville State MO Zip Code 64152-3140

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

Name of Employer: Truman Medical Center East Occupation: CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 10 / 2015  
**Transaction ID : CECCF56326384EBB9819**

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 76
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Karen S. Purcell</b>		Date of Receipt
Mailing Address 21029 NE 42nd St		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Sammamish	State WA	Zip Code 98074-9315
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 48F9A062CA5E2E1A82C1</b>
Name of Employer Group Health Cooperative		Amount of Each Receipt this Period
Occupation CRNA		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) <b>B. Shawn W. Pyle</b>		Date of Receipt
Mailing Address 16442 Longview Dr		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City Smithfield	State VA	Zip Code 23430-6701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 2FCA7056886C4C3190A0</b>
Name of Employer Naval Hospital Camp Lejuene		Amount of Each Receipt this Period
Occupation CRNA		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>C. David P. Rakey</b>		Date of Receipt
Mailing Address 14 Fairway Dr		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City Mount Vernon	State IL	Zip Code 62864-2621
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4148BA870022F5BA6093</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation CRNA		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="416.66"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="531.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. John Douglas Ramey**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 E Pradera Ct

City Fort Worth State TX Zip Code 76108-9595

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

Name of Employer Atlas Anesthesia PA Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 27 / 2015  
Transaction ID : 4CD3B5FD4E294F12134F

Amount of Each Receipt this Period 83.33

**B. Scott W. Rigdon**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 Triple Tree Rd

City Bozeman State MT Zip Code 59715-7821

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

Name of Employer Grants Pass Community Based Outpatient Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.33

Date of Receipt 03 / 31 / 2015  
Transaction ID : 42C668EACDC04AA6B91A

Amount of Each Receipt this Period 250.00

**c. Laura F. Rikard**  
Full Name (Last, First, Middle Initial)

Mailing Address 533 Apperson Cv

City Marion State AR Zip Code 72364-2654

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

Name of Employer ST JUDES CHILDREN'S RESEARCH HOSPIT/ Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 09 / 2015  
Transaction ID : 1E112431-6DD7-418A-

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 698.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Maria E. Rinehart**

Mailing Address 248 County Road 65

City Valley Grande State AL Zip Code 36701-0320

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

Name of Employer Baptist Medical Center South Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : FAAC5879445D45FFA9D1**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. Dennis J. Rivard**

Mailing Address 2884 Portage Trail Dr

City Rochester Hills State MI Zip Code 48309-3213

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

Name of Employer Self Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : 022F80E780954D329E4C**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Wesley B. Robinson**

Mailing Address 1902 43rd St NW

City Rochester State MN Zip Code 55901-0479

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

Name of Employer Mayo Clinic Occupation Nurse Anesthetist

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  
 03 / 06 / 2015

**Transaction ID : EB00386F-5EF2-414B-**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

**A. Joseph A. Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2886 N Heritage St  
 City Buckeye State AZ Zip Code 85396-1522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arizona Heart Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : 56447AC9929049A1BC02**  
 Amount of Each Receipt this Period **500.00**

**B. Robert Charles Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 689  
 City Calais State ME Zip Code 04619-0689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Calais Regional Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 17 / 2015**  
**Transaction ID : 2DD137075EA348259CF7**  
 Amount of Each Receipt this Period **250.00**

**C. Caleb A. Rogovin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 Arch St Unit 1108  
 City Philadelphia State PA Zip Code 19103-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Temple Unicersity Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 12 / 2015**  
**Transaction ID : 95A38024-84ED-4197-**  
 Amount of Each Receipt this Period **250.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. G. Dwayne Self**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 Sanctuary Ln  
 City Canton State MS Zip Code 39046-6601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of MS Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : 3550958F44F74F149C03**  
 Amount of Each Receipt this Period **500.00**

**B. G. Dwayne Self**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 Sanctuary Ln  
 City Canton State MS Zip Code 39046-6601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of MS Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : 888E94E711AB4E1692C1**  
 Amount of Each Receipt this Period **125.00**

**C. John Silvy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14109 Brangus Rd  
 City Shawnee State OK Zip Code 74804-3335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integris Seminole Medical Cente Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 24 / 2015**  
**Transaction ID : CFD5A08598044BE4B719**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **875.00**  
**TOTAL** This Period (last page this line number only).....





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6030 Cross Trails Rd

City State Zip Code  
Sylvania OH 43560-1712

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

Name of Employer Occupation  
MorningStar Anesthesia Consultants LLC CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.99

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2015

**Transaction ID : 43EFAC84448C58C43AD4**

Amount of Each Receipt this Period  
83.33

**B. Rosann Spiegel**  
Full Name (Last, First, Middle Initial)

Mailing Address 14901 Bald Eagle Dr

City State Zip Code  
Fort Myers FL 33912-1857

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

Name of Employer Occupation  
Barry University Assistant Professor of Anesthesiology

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  
03 / 31 / 2015

**Transaction ID : 052DF70F76FB4C9E8ACA**

Amount of Each Receipt this Period  
500.00

**C. Yvonne Kristen Starnes-Ott**  
Full Name (Last, First, Middle Initial)

Mailing Address 6901 Bertner Ave  
School of Nursing Room 664

City State Zip Code  
Houston TX 77030-3901

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

Name of Employer Occupation  
Anderson Cancer Center CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 09 / 2015

**Transaction ID : C3DBE632957F44A9881**

Amount of Each Receipt this Period  
270.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	853.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. John R. Stephenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10674 Goldsberry Rd  
 City Shreveport State LA Zip Code 71106-8345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHRISTUS Schumpert Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : 7EC85A1FAFDA4B1F942B**  
 Amount of Each Receipt this Period  
**500.00**

**B. Troy D. Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3311 Breakers Cv  
 City Belton State TX Zip Code 76513-2741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TMB Stevens, LLC Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : 581B68F5-4D26-4B45-**  
 Amount of Each Receipt this Period  
**250.00**

**c. Joanne Sumrall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1906 Helena Rd N  
 City Oakdale State MN Zip Code 55128-5209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regions Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 23 / 2015  
**Transaction ID : 8559A059E4984956AC40**  
 Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kathleen C. Thibeault**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2616 Lone Pine Rd  
 City West Palm Beach State FL Zip Code 33410-2450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TeamHealth Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2015  
**Transaction ID : FC9D3C72C804416EB473**  
 Amount of Each Receipt this Period 250.00

**B. Andress J. Thibodeaux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1026 County Road 621  
 City Tuscola State TX Zip Code 79562-2009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SWAMP GAS ANESTHIA Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2015  
**Transaction ID : BA079B33-E074-4276-**  
 Amount of Each Receipt this Period 250.00

**C. Brian D. Thorson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 2nd St NE Unit 170  
 City Minneapolis State MN Zip Code 55413-2568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fair View Southdale Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2015  
**Transaction ID : D653556F01B84FBF8CFD**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Donna I. Vierthaler</b>		Date of Receipt 03 / 04 / 2015 <b>Transaction ID : 19EFE70C8FC94D6BA8B6</b>
Mailing Address 2866 N Wilderness Ct		Amount of Each Receipt this Period 2500.00
City Wichita	State KS	Zip Code 67226-2110
FEC ID number of contributing federal political committee. C	Name of Employer Via Christi St Francis Hosp	Occupation CRNA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) <b>B. Donna I. Vierthaler</b>		Date of Receipt 03 / 04 / 2015 <b>Transaction ID : C974E8CC813343CF9ADF</b>
Mailing Address 2866 N Wilderness Ct		Amount of Each Receipt this Period 250.00
City Wichita	State KS	Zip Code 67226-2110
FEC ID number of contributing federal political committee. C	Name of Employer Via Christi St Francis Hosp	Occupation CRNA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) <b>C. Casey B. Walker</b>		Date of Receipt 03 / 27 / 2015 <b>Transaction ID : 48FC50B7-6149-4C9D-</b>
Mailing Address 1106 Tanglewood Ct		Amount of Each Receipt this Period 365.00
City Nolanville	State TX	Zip Code 76559-4648
FEC ID number of contributing federal political committee. C	Name of Employer Scott and White Healthcare	Occupation CRNA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Coleen D. Walsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4344 Stones River Ct  
 City New Port Richey State FL Zip Code 34653-6137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Meadow Lane Surgery Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : 15D70D9F2AD6412A9284**  
 Amount of Each Receipt this Period  
 250.00

**B. Tsugie Watanabe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3965 52nd St Apt 11G  
 City Woodside State NY Zip Code 11377-3227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015  
**Transaction ID : 4CB03F9A6FB74E0B9F1D**  
 Amount of Each Receipt this Period  
 300.00

**C. Bruce A. Weiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9901 Emerald Links Dr  
 City Tampa State FL Zip Code 33626-2551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Carrollwood Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : 41D7A1405530939BF51F**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Bruce A. Weiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9901 Emerald Links Dr  
 City Tampa State FL Zip Code 33626-2551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Carrollwood Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 05 / 2015  
**Transaction ID : AF6979196EB54BC6BF8**  
 Amount of Each Receipt this Period 250.00

**B. Bruce A. Weiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9901 Emerald Links Dr  
 City Tampa State FL Zip Code 33626-2551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital Carrollwood Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 21 / 2015  
**Transaction ID : 456AB0FE7BC905919C51**  
 Amount of Each Receipt this Period 250.00

**C. Ryan James Werblow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 927 W Morgan St Apt 245  
 City Raleigh State NC Zip Code 27603-1881  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology Of North Carol Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2015  
**Transaction ID : 0B627A055D2A4519824D**  
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Thomas V. Westerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 143 Pecan Ln  
 City Freehold State NJ Zip Code 07728-4056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NJ Hospital in Monmouth County Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : 1AB18791-BD71-4871-**  
 Amount of Each Receipt this Period 350.00

**B. Kathryn W. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 Harriet Ave  
 City Shoreview State MN Zip Code 55126-3918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Minnesota Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2015  
**Transaction ID : 5FEC933D1F06414F8739**  
 Amount of Each Receipt this Period 250.00

**C. Linda R. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2004  
 127 Gilead Street  
 City Shady Spring State WV Zip Code 25918-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 03 / 16 / 2015  
**Transaction ID : D9CD35FC5C0845D1B563**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Marc R. Williamson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1509 N Grimes St

City McPherson State KS Zip Code 67460-1905

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

Name of Employer CONTEMPOARY ANTHSIA Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : 544C0980-E59F-4442-**

Amount of Each Receipt this Period  
 500.00

**B. Wanda O. Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 Meacham Ave

City Park Ridge State IL Zip Code 60068-3335

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

Name of Employer American Association of Nurse Anesthet Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : DEE776475D3B4C91BB6C**

Amount of Each Receipt this Period  
 250.00

**c. Donna J. Witsberger**  
Full Name (Last, First, Middle Initial)

Mailing Address 16300 County Road 7250

City Newburg State MO Zip Code 65550-8828

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

Name of Employer Mercy Hospital Lebanon Occupation Staff 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  
 03 / 26 / 2015

**Transaction ID : 311CA5B774964F51AD8A**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 76
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ross Jon Wohlhuter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22417 Wagon Wheel Trl  
 City Lakeville State MN Zip Code 55044-7521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Regions Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 02CC3C5ECE754986B73B**  
 Amount of Each Receipt this Period  
 250.00

**B. John M. Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12376 Cabin Spring Ln  
 City Lovettsville State VA Zip Code 20180-2424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RAA Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2015  
**Transaction ID : 0D6994A6-1CF0-4D0C-**  
 Amount of Each Receipt this Period  
 500.00

**C. Bradley W. Zeithamel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1824 Gryn Dr  
 City Iowa City State IA Zip Code 52246-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Department of Veterans Affairs Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : 0F60F02D44B84274A78E**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 66 OF 76
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
**Rachel L. Zuroick**

Mailing Address 266 Maple Point Dr

City Langhorne State PA Zip Code 19047-1452

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

Name of Employer Middletown anesthesia Occupation 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 Y  
**03 / 05 / 2015**

**Transaction ID : E21D256AB7F54CC293EB**

Amount of Each Receipt this Period  
**365.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>365.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>59726.60</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Adrian Smith for Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4587

Purpose of Disbursement  
2016 Primary

Candidate Name

**Adrian Michael Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

**Transaction ID : BF5BDE72B49E8F9FEDA**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Buddy Carter for Congress**

Mailing Address 200 E St Julian St Suite 603

City State Zip Code  
Savannah GA 31401-2754

Purpose of Disbursement  
2016 Primary

Candidate Name

**Earl L. B. Carter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	5

**Transaction ID : 6C47A7938EEAE8B9D87**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Common Values PAC**

Mailing Address 901 N Washington St, Suite 700

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
2015 Contribution

Candidate Name

**Common Values PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

**Transaction ID : 9BFFC6050E05F9FE74A**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

8	5	0	0	0	0	0	0	0	0


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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Duckworth for Congress**

Mailing Address PO Box 59568

City State Zip Code  
Schaumburg IL 60159

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**L. Tammy Duckworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : 25D23CCCB0392FC7E44**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Joyce**

Mailing Address 320 Kenarden Drive

City State Zip Code  
Cleveland OH 44143-3710

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**David Patrick Joyce**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

**Transaction ID : 761AA4E816233D24D13**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City State Zip Code  
Columbia SC 29211

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

**Transaction ID : F1587B0DA0EAD01040D**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph Russell Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : E91FC7F3740EA647BB6**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Charles E. Grassley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 5F5D569B51F005CA547**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Graves for Congress**

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Samuel Bruce Graves Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 960A83B6C31E544722A**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jeff Miller for Congress**

Mailing Address PO Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Jefferson B. Miller**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : BBC3D01EA901F21370C**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Jim Renacci for Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James B. Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : E8F2CA1F87DACB39E99**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ronald James Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : 6535E10DB0B267124C9**

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Kuster for Congress, Inc.

Mailing Address PO Box 1498

City State Zip Code  
Concord NH 03302

Purpose of Disbursement  
2016 Primary

Candidate Name

**Ann McLane Kuster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : AC2B8FA3561C8A54AE3

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

### B. Langevin for Congress

Mailing Address 181A Knight Street

City State Zip Code  
Warwick RI 02886

Purpose of Disbursement  
2016 Primary

Candidate Name

**James R. Langevin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : B044764E53F2EC4F56B

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### C. Lucille Roybal-Allard for Congress

Mailing Address 6 E Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
2016 Primary

Candidate Name

**Lucille Roybal-Allard**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : 2022DEF20F36D310795

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. McNerney for Congress**

Mailing Address PO Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Gerald McNerney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 25 / 2015

Transaction ID : FE57D7C85B87E60C216

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

Transaction ID : 4DA67024882E5A3013D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Pat Meehan for Congress**

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063-3531

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick L. Meehan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

Transaction ID : 444C70241BF71EC5A17

Amount of Each Disbursement this Period

1000.00

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

7000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. People for Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patricia Lynn Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : BF4533C05DB3A3224B4**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address PO Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**David Eugene Price**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 1FA609F42D47CA46E6F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Prosperity Action Inc.**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Prosperity Action Inc.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : 4168D0B79F539651BA7**

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ribble for Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912-7069

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Reid James Ribble**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 91BE780191D403242A7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Rodney for Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Rodney Lee Davis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : AD9F78C231E5C37C1B2**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Schakowsky for Congress**

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Janice D. Schakowsky**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : F66A561DFF3ADB3C334**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Shore PAC**

Mailing Address PO Box 3157

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name  
**Shore PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 29FFB01C6AA11F12B2C**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**B. Thom Tillis Committee**

Mailing Address PO Box 97396

City State Zip Code  
Raleigh NC 27624

Purpose of Disbursement  
2020 Primary

011

Category/  
Type

Candidate Name  
**Thomas Roland Tillis**

Office Sought:  House  
 Senate  
 President

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

State: NC District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2015

**Transaction ID : 07487DE07DC8932C4CA**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Tim Walz for US Congress**

Mailing Address PO Box 938

City State Zip Code  
Mankato MN 56002

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name  
**Timothy J. Walz**

Office Sought:  House  
 Senate  
 President

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

State: MN District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : B3EA1173EECF695038C**

Amount of Each Disbursement this Period

1000.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Whitehouse for Senate**

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Sheldon Whitehouse**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

**Transaction ID : B0263B73C45604672C9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Young for Iowa, Inc.**

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261-0162

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**David Edmund Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2015

**Transaction ID : 0790AE59B20E69BEEB1**

Amount of Each Disbursement this Period

200.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1200.00

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

57700.00