



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20464

RQ-2

Mark Krzmarzick, Treasurer  
American Association of Nurse Anesthetists  
Separate Segregated Fund (CRNA-PAC)  
222 South Prospect Avenue, C/o Finance Dept.  
Park Ridge, IL 60068

MAR - 5 1997

Identification Number: C00173153

Reference: 12 Day Pre-General Report (10/1/96-10/16/96)

Dear Mr. Krzmarzick:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a multicandidate committee from making a contribution to a national political party in excess of \$15,000 in a calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$15,000. In the best interest of your committee, all refunds should be made within sixty days of the treasurer's receipt of the contribution.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received.

Although the Commission may take further legal action concerning the excessive contribution(s), prompt action in obtaining a refund will be taken into consideration.

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Contributions to federal candidates/committees and other political/committees should be properly disclosed on a separate Schedule B, supporting Line 23 of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Andrew J. Dodson  
Senior Reports Analyst  
Reports Analysis Division

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

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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 AKA CRNA-PAC AID

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1596	10/09/96	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
SUB TOTAL of Disbursements this page (Optional).....>			1,000.00
TOTAL this Period (Last page this line number only).....>			1,000.00

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 4 OF 13  
FOR LINE NUMBER 23

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## NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC *ADD*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Comm. 430 S Capitol Street SE Washington DC 20003	Membership Increase Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>see above</i>	4/18/96	10,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Carl Levin c/o Daschle Committee 424 C Street NE Washington DC 20002	Purpose of Disbursement Contrib Carl Levin (D-MI) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/18/96	2,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Larry Pressler PO Box 77166 Washington DC 20013	Purpose of Disbursement Contrib Larry Pressler (R-SD) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/18/96	4,000.00
D. Full Name, Mailing Address and ZIP Code 1001 Restaurant Corp 5105 Berwyn Road #101 College Park MD 20740	Purpose of Disbursement In-Kind Contrib Gerald Solomon (R-NY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/96	116.59
E. Full Name, Mailing Address and ZIP Code Solomon for Congress PO Box 459 Saratoga Springs NY 12866	Purpose of Disbursement Contrib Gerald Solomon (R-NY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/96	1,000.00
F. Full Name, Mailing Address and ZIP Code Norwood for Congress PO Box 499 Evans GA 30809	Purpose of Disbursement Contrib Charlie Norwood (R-GA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/96	500.00
G. Full Name, Mailing Address and ZIP Code Gephardt for Congress 635 B Pennsylvania Avenue SE Washington DC 20003	Purpose of Disbursement Contrib Richard Gephardt (D-MO) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/96	3,500.00
H. Full Name, Mailing Address and ZIP Code Pete Stark Re-Election Committee PO Box 75214 Washington DC 20013	Purpose of Disbursement Contrib Pete Stark (D-CA) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/96	1,000.00
I. Full Name, Mailing Address and ZIP Code Norwood for Congress PO Box 499 Evans GA 30809	Purpose of Disbursement Contrib Charlie Norwood (R-GA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/96	500.00

SUBTOTAL of Disbursements This Page (optional)

22,616.59

TOTAL This Period (last page this line number only)

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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## NAME OF COMMITTEE (in Full)

American Association of Nurse Anesthetists  
Separate Segregated Fund AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Kelly '96 P.O. Box 0599 Katonah, NY 12536	Contrib. Sue Kelly (R-NY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-8-96	1,000.00
Porter for Congress P.O. Box 7126 Deerfield, IL 60016	Contrib. John Porter (R-IL) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-6-96	500.00
Ed Whitfield for Congress P.O. Box 391 Humphreysville, KY 42241	Contrib. Ed Whitfield (R-KY) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-6-96	500.00
Frank Riggs for Congress P.O. Box 590 Windsor, CA 95492	Contrib. Frank Riggs (R-CA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-6-96	500.00
Telano for Henry Bonilla P.O. Box 17292 San Antonio, TX 78217	Contrib. Henry Bonilla (R-TX) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-6-96	500.00
Friends of Bob Livingston 5143 General de Gaulle Drive New Orleans, LA 70131	Contrib. Bob Livingston (R-LA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-6-96	1,000.00
Wally Hergen for Congress P.O. Box 1500 Chico, CA 95927	Contrib. Wally Hergen (R-CA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-6-96	1,000.00 A 10
Democratic Senatorial Campaign Committee 430 South Capitol SE Washington, DC 20003	Contribution for Election & Re-election of Democratic Senators Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) See above	2-6-96	5,000.00
Democratic Leadership Council 518 C Street NE Washington, DC 20002	Membership Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) See above	2-6-96	5,000.00

SUBTOTAL of Disbursements This Page (optional)

15,000.00

TOTAL This Period (last page this line number only)

