

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 222 South Prospect Ave

Check if different than previously reported. (ACC) c/o Finance Department

Park Ridge IL 60068-4001

2. **FEC IDENTIFICATION NUMBER ▼** C C00173153 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014

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

Type or Print Name of Treasurer Frank J Purcell

Signature of Treasurer Frank J Purcell *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		465887.20
(b) Cash on Hand at Beginning of Reporting Period.....	434426.13	
(c) Total Receipts (from Line 19) .....	35264.59	305464.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	469690.72	771351.57
7. Total Disbursements (from Line 31).....	140599.95	442260.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	329090.77	329090.77
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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17891.22	198890.99
(ii) Unitemized .....	17373.22	106485.76
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35264.44	305376.75
(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) .....	35264.44	305376.75
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.).....	0.15	87.62
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))..... ▶	35264.59	305464.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35264.59	305464.37

**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 .....	99.95	652.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	99.95	652.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	140500.00	438500.00
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	1107.92
(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	1107.92
29. Other Disbursements .....	0.00	2000.00
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)) ..	140599.95	442260.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	140599.95	442260.80

**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) .....	35264.44	305376.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1107.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35264.44	304268.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	99.95	652.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	99.95	652.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Kathy R. Akers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21259 Ivanhoe Rd  
 City Austin State CO Zip Code 81410-8245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Delta County Memorial Hospital Occupation Certified Registered Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 643A23CD56CB4C49BEF7**  
 Amount of Each Receipt this Period **83.33**

**B. David Andrews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1415 Horseshoe Curv  
 City Lake Oswego State OR Zip Code 97034-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Francis Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **541.66**

Date of Receipt **06 / 23 / 2014**  
**Transaction ID : 425CBD29599C83644824**  
 Amount of Each Receipt this Period **83.33**

**C. Laura L. Ardizzone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Broad St Apt 3E  
 City New York State NY Zip Code 10004-2518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MSKCC Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **257.50**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : B926D158865B4A4BBAB2**  
 Amount of Each Receipt this Period **91.25**

**SUBTOTAL** of Receipts This Page (optional)..... **257.91**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 60
	<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. Mark A. Arturi**

Mailing Address 1866 Heatherhill St

City State Zip Code  
Trenton MI 48183-1911

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

Name of Employer Occupation  
VA MEDICAL CENTER 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  
 06 / 11 / 2014  
**Transaction ID : 46D8A7ECD9C8DC769DAI**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 834 Inspiration Way

City State Zip Code  
Louisville KY 40245-3989

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

Name of Employer Occupation  
Triple Crown Anesthesia Nurse anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : A29BF1D35DA046D98F2C**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3012 Shawnee Trl

City State Zip Code  
Alamogordo NM 88310-4017

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 ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 58C7B4540550403F8082**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	435.00
<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 60
<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. Kelly Suzanne Batts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3301 Serenity Ln  
 City Hillsborough State NC Zip Code 27278-9205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dynamic Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.32**

Date of Receipt **06 / 21 / 2014**  
**Transaction ID : 41E5B9EF80238B80B2F3**  
 Amount of Each Receipt this Period **83.33**

**B. Mark M. Bjornstad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2619 N Miller Dr  
 City Moorhead State MN Zip Code 56560-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sanford Health Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1010.00**

Date of Receipt **06 / 05 / 2014**  
**Transaction ID : 40C3695EFDB646B3A651**  
 Amount of Each Receipt this Period **85.00**

**C. 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 **1249.98**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : CAC56E92ADFF441A9DF0**  
 Amount of Each Receipt this Period **208.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>376.66</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 9 OF 60
<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. Nicole C. Bonfoey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3105 Forrest Dr

City Fairbanks State AK Zip Code 99709-5771

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

Name of Employer Fairbanks Anesthesia Inc Occupation nurse anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 81077B897D774F6AB910**

Amount of Each Receipt this Period  
**30.41**

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

Mailing Address 3301 Manor Lake Ln

City Pearland State TX Zip Code 77584-4576

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

Name of Employer MD Anderson Cancer Center Occupation Chief Nurse Anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : 4AE4A1854912BBB5779F**

Amount of Each Receipt this Period  
**83.33**

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

Mailing Address 1111 Four Oaks Trl

City Clover State SC Zip Code 29710-9327

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

Name of Employer Carolina Anesthesia Associates 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  
**06 / 10 / 2014**

**Transaction ID : 30D833B753144E8789A6**

Amount of Each Receipt this Period  
**365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **478.74**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 60
	<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. T'Anya Marye Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address 3904 Bowser Ave

City Dallas State TX Zip Code 75219-3701

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

Name of Employer Anesthesia Consultants of Dallas 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  
 06 / 14 / 2014

**Transaction ID : 4F62E2F8AC1345CEAA85**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 907 Players Cir

City Summerville State SC Zip Code 29485-6224

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

Name of Employer MUSC Medical Center Occupation Associate Professor Program Director A

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 916.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : DE919F0F3AFA4681B352**

Amount of Each Receipt this Period  
 83.34

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

Mailing Address 53866 Oakview Dr

City Shelby Township State MI Zip Code 48315-1925

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

Name of Employer Harper University Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : 576BE4F158234EA38CD9**

Amount of Each Receipt this Period  
 240.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 573.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Shawn Bryant Collins**

Mailing Address 128 Fawn Vly

City Mills River State NC Zip Code 28759-8705

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

Name of Employer Western Carolina University Occupation Nurse Anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 05 / 2014**

**Transaction ID : 25A97DEE011048A4BEEF**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 9 Fairway Ln

City Charleston State IL Zip Code 61920-7487

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

Name of Employer Sarah Bush Lincoln Health System 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  
**06 / 10 / 2014**

**Transaction ID : D009FA39E5904D90A5AD**

Amount of Each Receipt this Period  
**365.00**

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

Mailing Address 109 Woolmans Ln

City Mount Laurel State NJ Zip Code 08054-2049

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

Name of Employer Princeton Anesthesia Services 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  
**06 / 23 / 2014**

**Transaction ID : 5BC21856-60BB-4FD2-**

Amount of Each Receipt this Period  
**365.00**

**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 12 OF 60
	<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) <b>A. Lynn G. Dunford</b>		Date of Receipt MM / DD / YYYY 06 / 24 / 2014 <b>Transaction ID : 76C6CC6D-5952-4998-</b>
Mailing Address 1705 Old Manor Rd		Amount of Each Receipt this Period 1000.00
City Garden City	State KS	
Zip Code 67846-4535		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Anesthesia Associates of Southwest Kan	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alane Dykes</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014 <b>Transaction ID : 5A212A8EBBC24D8F9D74</b>
Mailing Address 100 Thunderbird Dr		Amount of Each Receipt this Period 365.00
City Sedona	State AZ	
Zip Code 86336-5150		Aggregate Year-to-Date ▼ 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation crna	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James M. Egan Jr.</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 68151E3FAFA24AAE8A2B</b>
Mailing Address 89 Manns Dr		Amount of Each Receipt this Period 41.67
City Hanover	State MA	
Zip Code 02339-1559		Aggregate Year-to-Date ▼ 250.02
FEC ID number of contributing federal political committee. C		
Name of Employer Dept. of Veterans Affairs	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1406.67
<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 60
	<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. Claude G. Freeze**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 716

City Quincy State CA Zip Code 95971-0716

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

Name of Employer Mayers Memorial 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  
 06 / 16 / 2014

**Transaction ID : 013B48C919204089B3F1**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 6941 N Ottawa Ave

City Chicago State IL Zip Code 60631-1108

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

Name of Employer Loyola University 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  
 06 / 30 / 2014

**Transaction ID : 8056065F3842424A061**

Amount of Each Receipt this Period  
 365.00

**c. Cheryl Lynn Gamble**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 E Bellamy Dr  
Carriage Run

City New Castle State DE Zip Code 19720-2979

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

Name of Employer pinnacle mid-atlantic anesthes Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 749.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 6FA86BF1A96A4828A860**

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: (check only one)	PAGE 14 OF 60
	<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. Marjorie A. Geisz-Everson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11001 Patterson Rd  
 City New Orleans State LA Zip Code 70131-3251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LSUHSC School of Nursing Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1010.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 6F8BA969BE5C4A24BF9D**  
 Amount of Each Receipt this Period 85.00

**B. Jessica Gelhar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1955 Terrebonne Dr  
 City Kronenwetter State WI Zip Code 54455-8188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Central Wisconsin Anesthesiology Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.50

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 941FABFB64CC4E4C88A1**  
 Amount of Each Receipt this Period 30.42

**C. Rebecca L. Goode**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4216 Back Ridge Way  
 City Monclova State OH Zip Code 43542-8311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ProMedica Physicians Group Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : EE1BE9D204F5468CB8FF**  
 Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 198.75  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 60
	<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 M. Haas**  
Full Name (Last, First, Middle Initial)

Mailing Address 1729 Nicholson Pl

City Saint Louis State MO Zip Code 63104-2664

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

Name of Employer CAC Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **182.50**

Date of Receipt  
**06 / 10 / 2014**

**Transaction ID : DF114CCBD9C74DE793C5**

Amount of Each Receipt this Period  
**30.42**

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

Mailing Address 4000 Midwood St Apt 4310

City Franklin State TN Zip Code 37067-6629

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

Name of Employer Vanderbilt University Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **495.00**

Date of Receipt  
**06 / 10 / 2014**

**Transaction ID : A2D94EF269444C08A036**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 1210 Tropical Ave

City Pasadena State CA Zip Code 91107-1717

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

Name of Employer Kaiser Permanent School of Anesthesia Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**06 / 18 / 2014**

**Transaction ID : 061F07CB454845DF98CB**

Amount of Each Receipt this Period  
**240.00**

**SUBTOTAL** of Receipts This Page (optional)..... **290.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 60
	<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. Patti A. Hendrix**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8690

City Kodiak State AK Zip Code 99615-8690

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

Name of Employer Providence Kodiak Island Medical Cente Occupation CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 6872E2CF30204104AD61**

Amount of Each Receipt this Period 50.00

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

Mailing Address 1430 Lemhurst Rd

City Pensacola State FL Zip Code 32507-3539

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 ▼ 240.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : EDDFD5DF2AD74433BEB3**

Amount of Each Receipt this Period 240.00

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

Mailing Address 523 E Hamlet Ave

City Hamlet State NC Zip Code 28345-2927

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

Name of Employer Carolina Anesthesia Associates Occupation Nurse Anesthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : 844DBE04D3874EF0BD87**

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 590.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 60
	<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. Bruce Allen Herr Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 Cathedral Ave NW  
 Apt 717  
 City Washington State DC Zip Code 20016-4934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedStar Health - Wash Hosp Ctr Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : 3BF6E4FDE4DE40B1A930**  
 Amount of Each Receipt this Period  
**85.00**

**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 **1458.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : 4AB9B14691F68B9152C9**  
 Amount of Each Receipt this Period  
**208.34**

**C. Jacqueline M. Hope**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3678 N US Highway 68  
 City Wilmington State OH Zip Code 45177-6514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ASM Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : FA851A6896414BD6BECA**  
 Amount of Each Receipt this Period  
**240.00**

**SUBTOTAL** of Receipts This Page (optional)..... **533.34**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 60
	<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. Justin E. Howard**  
Full Name (Last, First, Middle Initial)

Mailing Address 1842 Spruce Ave  
Apt B

City Menomonie State WI Zip Code 54751-6123

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 ▼  
500.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 35281AF1BD58407080D0**

Amount of Each Receipt this Period  
83.33

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

Mailing Address 29190 Riverbank St

City Harrison Twp State MI Zip Code 48045-1633

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

Name of Employer Oakland University-Beaumont Graduate P Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 3B14BA32701540209005**

Amount of Each Receipt this Period  
100.00

**C. 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 Fairfax Anesthesiology Associates Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 5F784218C8BC4C41A45D**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	383.33
<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 19 OF 60
	<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. Phyllis B. Kantor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3465 Gleneagles Dr  
 City Stockton State CA Zip Code 95219-1818  
 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 **1083.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2014  
**Transaction ID : 49E7847C01FA92717F09**  
 Amount of Each Receipt this Period  
**208.33**

**B. 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 Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : 7D88C75291F34AB29960**  
 Amount of Each Receipt this Period  
**250.00**

**C. Nicole Kawa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 South Rd  
 City Wilmington State DE Zip Code 19809-3034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Assoc in anesthesia 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  
 06 / 10 / 2014  
**Transaction ID : 47DA95965168487592D9**  
 Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>541.66</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 20 OF 60
	<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. Debra L. Kearney**

Mailing Address 12 Villa Est

City Charleston State WV Zip Code 25311-9760

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

Name of Employer NABS Occupation Crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **341.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 2B66939E56ED49C5BED1**

Amount of Each Receipt this Period  
**91.25**

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

Mailing Address 12 Villa Est

City Charleston State WV Zip Code 25311-9760

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

Name of Employer NABS Occupation Crna

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **341.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : E3DE7A4D011F42BDB88B**

Amount of Each Receipt this Period  
**-91.25**

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

Mailing Address 4810 Point Fosdick Dr NW # 224

City Gig Harbor State WA Zip Code 98335-1711

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

Name of Employer Diligent Anesthesia 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  
**06 / 10 / 2014**

**Transaction ID : 32E76E648AEB4509B184**

Amount of Each Receipt this Period  
**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>365.00</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 21 OF 60
	<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. Kera A. Knisely-Furry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 187 Slate Dr  
 City East Freedom State PA Zip Code 16637-8945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NA-Student Occupation Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 06 / 18 / 2014  
**Transaction ID : A9F05537CBB240E5B979**  
 Amount of Each Receipt this Period  
 365.00

**B. Yana Krmic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 412 Munro Ave Apt 4C  
 City Mamaroneck State NY Zip Code 10543-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt  
 06 / 22 / 2014  
**Transaction ID : 45988FCD089EAD43CE4C**  
 Amount of Each Receipt this Period  
 83.33

**C. Steve G. Kubicek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Bent Oak Dr  
 City Aubrey State TX Zip Code 76227-6260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Excel Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 06 / 20 / 2014  
**Transaction ID : F8BB4B5482B049B8A542**  
 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 22 OF 60
	<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 T. Landis**  
Full Name (Last, First, Middle Initial)

Mailing Address 3149 Shady Ln

City Stevens Point State WI Zip Code 54481-9501

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

Name of Employer Ministry 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  
 06 / 16 / 2014

**Transaction ID : C723D6A30F064910836C**

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : C8B7E0E85D874E6BA0DC**

Amount of Each Receipt this Period  
 83.33

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

Mailing Address 3616 Edmund Blvd

City Minneapolis State MN Zip Code 55406-2944

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

Name of Employer Fairview Southdale Hospital 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  
 06 / 10 / 2014

**Transaction ID : 44E391E2DD49DA44C146**

Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	531.66
<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 23 OF 60
	<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. Betsy S. Majma**  
Full Name (Last, First, Middle Initial)

Mailing Address 19613 Filly Dr

City Edmond State OK Zip Code 73012-3471

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

Name of Employer Central anesthesia Assoc. Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
06 / 29 / 2014  
**Transaction ID : 4EC9865057A5406E9F01**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 1116 N 13th Ct

City Hollywood State FL Zip Code 33019-3110

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 ▼ 1100.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : BD43C371091441D8840A**

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 349  
204 Poplar Street

City Martin State TN Zip Code 38237-0349

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 ▼ 350.00

Date of Receipt  
06 / 20 / 2014  
**Transaction ID : C0E43962AA1D4AACBE65**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 815.00

**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 24 OF 60
	<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. Troy D. Morrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 Sunset View Ln  
 City Pasco State WA Zip Code 99301-8807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennewick General Hospital 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  
 06 / 03 / 2014  
**Transaction ID : E924EE87-113B-4911-**  
 Amount of Each Receipt this Period  
**365.00**

**B. Michael W. Neft**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Crescent Pl Apt 3K  
 City Pittsburgh State PA Zip Code 15217-3503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pittsburgh Occupation Assistant Professor  
 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  
 06 / 10 / 2014  
**Transaction ID : 432B49BBB9134C5DAD88**  
 Amount of Each Receipt this Period  
**83.33**

**C. Amy Pfeil Neimkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 368 Woodward Ct  
 City Birmingham State AL Zip Code 35242-6040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UAB Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **833.36**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2014  
**Transaction ID : 48119404FE6D2F0AE9AC**  
 Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>531.67</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 25 OF 60
	<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. Michael A. Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 Greenbrier St  
 City Lebanon State MO Zip Code 65536-4205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **499.98**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 597F5658A3AF41CB8DC4**  
 Amount of Each Receipt this Period **83.33**

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

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 8C053C919A8E42C9897A**  
 Amount of Each Receipt this Period **83.33**

**C. John A. Norris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4225 Canterbury Ct  
 City Jackson State MS Zip Code 39211-6205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VA Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **280.00**

Date of Receipt **06 / 16 / 2014**  
**Transaction ID : 39540BBE3AAE4BB1BD03**  
 Amount of Each Receipt this Period **30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>196.66</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 26 OF 60
	<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. Bettie Grace Orr**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6222 1st Ave NW  
City Seattle State WA Zip Code 98107-2009  
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 **242.50**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : AC6271EEAA99438180B2**  
Amount of Each Receipt this Period **30.42**

**B. Mary Darlene Papin**  
Full Name (Last, First, Middle Initial)  
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 MT CARMEL HOSPITAL Occupation CRNA  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **06 / 18 / 2014**  
**Transaction ID : BF6D31BFAF0948F68199**  
Amount of Each Receipt this Period **365.00**

**C. John M. Pauzauskie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 385 Oakwood Dr  
City Jasper State TX Zip Code 75951-5852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer John Pauzauskie, CRNA PLLC Occupation CRNA  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 18 / 2014**  
**Transaction ID : 4E9861672CAA4C348294**  
Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>645.42</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 27 OF 60
	<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. Bradley Scott Persinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 918 Ridgemont Rd

City Charleston State WV Zip Code 25314-1136

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

Name of Employer Mountain Anesthesia 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  
 06 / 16 / 2014  
**Transaction ID : 588CF66441E247C8B166**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 5117 Shale Rock Run

City Temple State TX Zip Code 76502-7976

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 ▼ 749.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : 4BD0A8200DD56329D832**

Amount of Each Receipt this Period  
 83.33

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

Mailing Address 1412 Huron Ave

City Royal Oak State MI Zip Code 48073-2033

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

Name of Employer Anesthesiology Associates (Mednax) 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  
 06 / 08 / 2014  
**Transaction ID : F4C015767BE34517BC9C**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 813.33

**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 28 OF 60
	<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. Karen S. Purcell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21029 NE 42nd St  
 City Sammamish State WA Zip Code 98074-9315  
 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 ▼ 541.66

Date of Receipt 06 / 11 / 2014  
**Transaction ID : 41BEA38B01FD216D30B2**  
 Amount of Each Receipt this Period 83.33

**B. David P. Rakey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Fairway Dr  
 City Mount Vernon State IL Zip Code 62864-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 220332F4AD66463AA3F4**  
 Amount of Each Receipt this Period 50.00

**C. Scott W. Rigdon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 NE Scenic Dr  
 City Grants Pass State OR Zip Code 97526-3443  
 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 ▼ 750.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 9301C65C3AD24FDEB96E**  
 Amount of Each Receipt this Period 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....	216.66
<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 29 OF 60
	<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. Scott W. Rigdon**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 NE Scenic Dr

City Grants Pass State OR Zip Code 97526-3443

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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : 42A79CC86A794112854B**

Amount of Each Receipt this Period  
 83.34

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

Mailing Address 302 Cameron St

City Whitehouse State TX Zip Code 75791-3558

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

Name of Employer East Texas 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  
 06 / 18 / 2014

**Transaction ID : C34796BAE91F49C791DE**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3272 Anniston Dr

City Cincinnati State OH Zip Code 45248-5002

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

Name of Employer 1099 Occupation Certified Registered Nurse Anesthetist

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  
 06 / 27 / 2014

**Transaction ID : 8D37E1ECC9434C30AC66**

Amount of Each Receipt this Period  
 333.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	916.67
<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 30 OF 60
	<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. Michael J. Ruebusch**

Mailing Address 3272 Anniston Dr

City Cincinnati State OH Zip Code 45248-5002

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

Name of Employer 1099 Occupation Certified Registered Nurse Anesthetist

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  
**06 / 27 / 2014**

**Transaction ID : 85BB7C1690334C2DA70C**

Amount of Each Receipt this Period  
**-333.33**

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

Mailing Address 1335 Arapahoe St

City Thermopolis State WY Zip Code 82443-2122

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  
**06 / 04 / 2014**

**Transaction ID : C294D4BE-F115-46E2-**

Amount of Each Receipt this Period  
**365.00**

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

Mailing Address 6701 N Bosworth Ave  
Unit B2

City Chicago State IL Zip Code 60626-5284

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

Name of Employer Ingalls Memorial Hospital 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  
**06 / 03 / 2014**

**Transaction ID : A5574369-74BD-4798-**

Amount of Each Receipt this Period  
**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>396.67</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 31 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Matthew J. Sauget**

Mailing Address 1665 Park Dr

City Rawlins State WY Zip Code 82301-6538

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

Name of Employer Plantation General Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 30 / 2014**

**Transaction ID : 20CDC85007904B218140**

Amount of Each Receipt this Period **500.00**

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

Mailing Address PO Box 66

City Staples State MN Zip Code 56479-0066

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

Name of Employer Lakewood Health System Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 10 / 2014**

**Transaction ID : 0F5BA40B936845ADB4CF**

Amount of Each Receipt this Period **250.00**

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

Mailing Address 1613 Thousand Oaks Dr

City Decatur State TX Zip Code 76234-3753

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

Name of Employer Smooth Inductions, P.C. Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt **06 / 25 / 2014**

**Transaction ID : 446186A399D050ECD890**

Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **833.33**

**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 60
	<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. Jan M. Serafin**  
Full Name (Last, First, Middle Initial)

Mailing Address 5148 Avenida Playa Cancun

City San Diego State CA Zip Code 92124-1533

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

Name of Employer Kaiser Permanente Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : E8AA4F5279254C6A9532**

Amount of Each Receipt this Period  
 240.00

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

Mailing Address 6030 Cross Trails Rd

City Sylvania State OH Zip Code 43560-1712

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

Name of Employer MorningStar Anesthesia Consultants LLC 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  
 06 / 10 / 2014

**Transaction ID : 68706E7385074348B0D9**

Amount of Each Receipt this Period  
 83.33

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

Mailing Address 1116 E Crest Dr

City Houston State MO Zip Code 65483-2020

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

Name of Employer Sam Houston St Univ. 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  
 06 / 18 / 2014

**Transaction ID : A272207052714F4689FF**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	523.33
<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 33 OF 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Wendell Spencer**

Mailing Address 49130 W Benton St

City State Zip Code  
Oneill NE 68763-4604

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

Name of Employer Occupation  
NCAS, LLC CRNA owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
06 / 09 / 2014  
**Transaction ID : 967B45F16C0349B39F68**

Amount of Each Receipt this Period  
85.00

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

Mailing Address 220 Lyndenglen Dr  
Apt 208

City State Zip Code  
Ann Arbor MI 48103-6982

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

Name of Employer Occupation  
Ann Arbor MI Hospital CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 30 / 2014  
**Transaction ID : 5E1D268CCA6944BBAAF8**

Amount of Each Receipt this Period  
30.00

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

Mailing Address PO Box 302  
14302 Gardner Avenue

City State Zip Code  
Ellerslie MD 21529-0302

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

Name of Employer Occupation  
Cumberland Anesthesia CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
06 / 20 / 2014  
**Transaction ID : 92AA7FFDE7F74EE8A45D**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 480.00

**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 34 OF 60
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Sherry E. Sweargin**

Mailing Address 1698 E Seaport Ct

City Boise State ID Zip Code 83706-6333

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

Name of Employer Boise VAMC Occupation Certified Registered Nurse Anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.67**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 10 / 2014**

**Transaction ID : 47683FEE1B1E4549B210**

Amount of Each Receipt this Period  
**83.34**

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

Mailing Address 4504 Kanawha Ave SE

City Charleston State WV Zip Code 25304-1833

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

Name of Employer CAMC School of Nurse Anesthesia Occupation Director

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  
**06 / 20 / 2014**

**Transaction ID : 190FDE1B9FF04A8B9C29**

Amount of Each Receipt this Period  
**365.00**

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

Mailing Address 1106 Tanglewood Ct

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : 2CE1DCD2-97F9-4953-**

Amount of Each Receipt this Period  
**400.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>848.34</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 35 OF 60
	<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. 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 ▼  
500.00

Date of Receipt  
06 / 16 / 2014  
Transaction ID : 7B8B191D59F342838E72

Amount of Each Receipt this Period  
500.00

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

Mailing Address 306 Chaparral Dr

City Highland Haven State TX Zip Code 78654-9777

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  
06 / 20 / 2014  
Transaction ID : EA9A4F176A524056838D

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 910  
111 Windsor Street

City Rutherford College State NC Zip Code 28671-0910

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

Name of Employer Catawba Valley Medical Center Occupation nurse anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
06 / 09 / 2014  
Transaction ID : 740BF7E07F5C46ACB976

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 835.00

**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 36 OF 60
	<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. Philip E. Willis**

Mailing Address 2407 S 5th St

City Ironton State OH Zip Code 45638-2606

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

Name of Employer Ashland Anesthesia PSC 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  
 06 / 10 / 2014

**Transaction ID : E81F82944E6C46AB917D**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1511 Virginia Ave

City Connersville State IN Zip Code 47331-2825

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

Name of Employer Johnson County Anesthesia 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  
 06 / 18 / 2014

**Transaction ID : 62EDC6F7FF4340C6A574**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	615.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17891.22

# 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement  
Fee to accept online donations for CRNA-PAC

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : V921E3581D0DC34F683E

Amount of Each Disbursement this Period

99.95
-------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

99.95
-------

99.95
-------

**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. Aimee Belgard for Congress**

Mailing Address PO Box 35

City Willingboro State NJ Zip Code 08046

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Aimee R. Belgard**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : 4174DDFD563BFD1E49C**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Alaskans for Begich 2014**

Mailing Address 1231 W Northern Lts #605

City Anchorage State AK Zip Code 99503

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Mark Peter Begich**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : 79F1D0A8891ED859C1A**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Bennet for Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Michael F. Bennet**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : 10A41D469E61FE9C612**

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Big Easy Committee**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Big Easy Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

Transaction ID : B48E27FB3E9BFDD289

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Blue Dog Political Action Committee**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Blue Dog Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

Transaction ID : C8D49305B73720328C0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Blumenauer for Congress**

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Earl Blumenauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : F97D7CAE198F67A1787

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. Blumenthal for Senate**

Mailing Address C/O Cacace Tusch & Santagata  
777 Summer St Suite 103

City State Zip Code  
Stamford CT 06901

Purpose of Disbursement  
2016 Primary

Candidate Name

**Richard Blumenthal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : 677AC9169505B707B12**

Amount of Each Disbursement this Period

1000.00

**B. Buddy Carter for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 200 E St Julian St Suite 603

City State Zip Code  
Savannah GA 31401

Purpose of Disbursement  
2014 Run-Off

Candidate Name

**Earl L. B. Carter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff

State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : 5CC52237D65EAAF9E97**

Amount of Each Disbursement this Period

5000.00

**C. Citizens for Cochran**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 7183

City State Zip Code  
Tupelo MS 38802

Purpose of Disbursement  
2014 Run-Off

Candidate Name

**William Thad Cochran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff

State: MS District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : 7CA471F2180D6704915**

Amount of Each Disbursement this Period

5000.00

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

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

11000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Cooper for Congress**

Mailing Address C/O Dglf Cpas & Business Advisors  
PO Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Jim Cooper**

Office Sought:  House  
 Senate  
 President  
State: TN District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

**Transaction ID : AFD4E1FAA1C0E9397B3**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Cory Booker for Senate**

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name  
**Cory A. Booker**

Office Sought:  House  
 Senate  
 President  
State: NJ District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : DE94106AA83500858E5**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Courtney for Congress**

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Joseph D. Courtney**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

**Transaction ID : 23384DDF1C9B9C76D69**

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dan Coats for Indiana**

Mailing Address PO Box 301141

City Indianapolis State IN Zip Code 46230

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Daniel R. Coats**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2014

Transaction ID : DDE4265DFBF3E594CE4

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Doggett for US Congress**

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lloyd Doggett**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

Transaction ID : 06C0BF972FCB8C570CE

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Doyle for Congress Committee**

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement  
2014 General

011

Candidate Name

**Michael F. Doyle**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

Transaction ID : 98A8765FE16BFC32ADA

Amount of Each Disbursement this Period

1500.00
---------

**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. Duffy for Congress**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement  
2014 Primary

011  
Category/  
Type

Candidate Name

**Sean P. Duffy**

Office Sought:  House  
 Senate  
 President  
State: WI District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : F56AFB7DE94D79CF614**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Fitzpatrick for Congress**

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047-0185

Purpose of Disbursement  
2014 General

011  
Category/  
Type

Candidate Name

**Michael G. Fitzpatrick**

Office Sought:  House  
 Senate  
 President  
State: PA District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : 75913F36E662E44AA2D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Bennie Thompson**

Mailing Address PO Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement  
2014 General

011  
Category/  
Type

Candidate Name

**Bennie G. Thompson**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : 4936FE4A33246D8B011**

Amount of Each Disbursement this Period

500.00

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

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

2500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Friends of Dan Kildee

Mailing Address PO Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Daniel Timothy Kildee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 7B5F393A07F244EE042

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

### B. Friends of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**David G. Reichert**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 413C80AE4A32AF08612

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

### C. Friends of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement  
2014 Run-Off

011

Candidate Name

**Jack Kingston**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

Transaction ID : 3C97293A1029C3CB8E1

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0
8	5	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0
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. Friends of John Barrow**

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement  
2014 General

011

Candidate Name

**John Jenkins Barrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

**Transaction ID : 6E05920BEE92E5DDCD2**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Friends of John McCain Inc**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John McCain**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 58BCE32BB1B3769D318**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Friends of Sam Johnson**

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement  
2014 General

011

Candidate Name

**Samuel Robert Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 98CAB8F100631D2F64D**

Amount of Each Disbursement this Period

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

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

7	0	0	.	0	0
---	---	---	---	---	---

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

7	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. Friends of Sessions Senate Committee Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Mailing Address PO Box 4278

**Transaction ID : 921DDC1E60003675A94**

City Montgomery State AL Zip Code 36103

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2014 General

011
Category/ Type

Candidate Name

**Jefferson Beauregard Sessions**

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AL District:	

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Mailing Address PO Box 16128

**Transaction ID : 9F6442B78A8DC2AA5F0**

City Houston State TX Zip Code 77222

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
2014 General

011
Category/ Type

Candidate Name

**Raymond Eugene Green**

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX District: 29	

Full Name (Last, First, Middle Initial)

**C. Grassroots Organizing Acting & Leading PAC - GoalPAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Mailing Address PO Box 30344

**Transaction ID : FED84CE3E8916FC3C76**

City Bethesda State MD Zip Code 20824

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2014 Contribution

011
Category/ Type

Candidate Name

**Grassroots Organizing Acting & Leading PAC - GoalPAC**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
State: District:	

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

7000.00
---------

**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. Graves for Congress**

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Samuel B. Graves Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

**Transaction ID : 4A6138235001710626B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement  
2014 General

011

Candidate Name

**S. Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : 181EF0C5215F73EE4BB**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Holding Onto Oregon's Priorities**

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Holding Onto Oregon's Priorities**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : 71781B6091F5457D5C3**

Amount of Each Disbursement this Period

5000.00

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

12500.00

**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 Fortenberry for United States Congress**

Mailing Address PO Box 30265

City Lincoln State NE Zip Code 68503

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Jeff Fortenberry**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2014

**Transaction ID : 9DCBE50C15DDAE426CE**

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  
2014 General

011

Category/  
Type

Candidate Name

**James B. Renacci**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2014

**Transaction ID : AD8692C57386031A868**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jobs, Opportunities and Education PAC (JOE-PAC)**

Mailing Address 410 1st St, SE  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Jobs, Opportunities and Education PAC (JOE-PAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2014

**Transaction ID : 100B740A9F7037ADFE6**

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)..... ▶

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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. Johnson for Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement  
2014 General

011

Candidate Name  
**Bill Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : EC00F34FB61FFF7F0FF

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Karen Bass for Congress**

Mailing Address 777 S. Figueroa Street  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
2014 Primary

011

Candidate Name  
**Karen R. Bass**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 37

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

Transaction ID : B5596CCDE610ADFDA85

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Kuster for Congress, Inc.**

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement  
2014 Primary

011

Candidate Name  
**Ann McLane Kuster**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : 68825AA9999D741C294

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Larson for Congress**

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126-1172

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**John B. Larson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : 9AB64E52EA0D072BB7B**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Lee Terry for Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lee Terry**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : AA2252CFC4322BDB2AB**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Louise Slaughter Re-Election Committee**

Mailing Address 1150 University Ave, Bldg. 5

City Rochester State NY Zip Code 14607

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Louise McIntosh Slaughter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2014

**Transaction ID : 7A9B0A9141B1D39F9D4**

Amount of Each Disbursement this Period

1500.00
---------

**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. Lucille Roybal-Allard for Congress**

Mailing Address 6 E Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lucille Roybal-Allard**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 40

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : EA888097292A50CFDAF**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Luke Messer for Congress**

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement  
2014 General

011

Candidate Name

**Allan Lucas Messer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

**Transaction ID : 0F27C101971655005FC**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
2014 General

011

Candidate Name

**Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

**Transaction ID : 28A586459FCB8552D84**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

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

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

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

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

**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  
2014 General

011

Category/  
Type

Candidate Name

**Gerald McNerney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2014

Transaction ID : DCAEB2C0E19621456B5

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Mission PAC**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Mission PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2014

Transaction ID : FDCDB998C502B527E7A

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Montanans for Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Jon Tester**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2014

Transaction ID : C00C68918557B0153FC

Amount of Each Disbursement this Period

1000.00
---------

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

3500.00
---------

**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. New Pioneers PAC**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**New Pioneers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : 10D1EF6FA8B8C7E2510

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Olson for Congress Committee**

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496-6381

Purpose of Disbursement  
2014 General

011

Candidate Name

**Peter Graham Olson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

Transaction ID : 963A5ACC1F4EDF57CFD

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2014 General

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

Transaction ID : 0AEEB8B8342F0EA72DF

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. Pat Roberts for U.S. Senate, Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Mailing Address PO Box 433

**Transaction ID : 73DEB7ED87DD249428D**

City State Zip Code  
Great Bend KS 67530

Amount of Each Disbursement this Period

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

Purpose of Disbursement  
2014 General

0	1	1
Category/Type		

Candidate Name  
**Pat Roberts**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District:

Full Name (Last, First, Middle Initial)

**B. Patrice Douglas for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Mailing Address PO Box 6271

**Transaction ID : 47834D0D44235BF6A8C**

City State Zip Code  
Edmond OK 73083

Amount of Each Disbursement this Period

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

Purpose of Disbursement  
2014 Primary

0	1	1
Category/Type		

Candidate Name  
**Patrice Douglas**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: OK District: 05

Full Name (Last, First, Middle Initial)

**C. People for Patty Murray**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

Mailing Address PO Box 3662

**Transaction ID : 0447833759535718BA5**

City State Zip Code  
Seattle WA 98124

Amount of Each Disbursement this Period

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

Purpose of Disbursement  
2016 Primary

0	1	1
Category/Type		

Candidate Name  
**Patty Murray**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District:

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

6	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pompeo for Congress, Inc.**

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67278-0146

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Michael Richard Pompeo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : 390819959CE77C72F7B**

Amount of Each Disbursement this Period

2500.00
---------

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  
2014 General

011

Category/  
Type

Candidate Name

**David E. Price**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : 7A49005B98842CA6A2A**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Recchia for Congress**

Mailing Address 172 Gravesend Neck Road

City Brooklyn State NY Zip Code 11223

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Domenic M. Recchia Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2014

**Transaction ID : 51545811CB1B14C5C40**

Amount of Each Disbursement this Period

2500.00
---------

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

6500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Richard Hanna for Congress Committee**

Mailing Address PO Box 118

City State Zip Code  
Utica NY 13503-0118

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Richard L. Hanna**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : F3F97B6471FDED3A85B

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Richard Hanna for Congress Committee**

Mailing Address PO Box 118

City State Zip Code  
Utica NY 13503-0118

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Richard L. Hanna**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

Transaction ID : 501DCD86277489C1FD7

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Rounds for Senate**

Mailing Address PO Box 250

City State Zip Code  
Pierre SD 57501

Purpose of Disbursement  
2014 General

011

Candidate Name

**M. Michael Rounds**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SD District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : 6F2528705489BD2C6C4

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

1	0	0	0	0	0	0	0	0	0

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

1	0	0	0	0	0	0	0	0	0



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ruben Hinojosa for Congress**

Mailing Address 10125 N. 10th Street, Suite E

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
2014 General

011

Candidate Name

**Ruben E. Hinojosa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : A2F380BA89988A266D5**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Paul Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : A6FF5A6A958723DFE18**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Scalise for Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183-3219

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Stephen J. Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2014

**Transaction ID : 41D29F1C25DB4AF88BC**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Searchlight Leadership Fund

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Searchlight Leadership Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			03			2014			

Transaction ID : FA99D5F5C39F2EC806E

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### B. Terri Sewell for Congress

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Terri A. Sewell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			03			2014			

Transaction ID : 551C730AC3E1927EEB8

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

### C. Tim Murphy for Congress

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Tim Murphy for Congress**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2014			

Transaction ID : C77DB4322081C014D51

Amount of Each Disbursement this Period

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

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

8	5	0	0	0	0	0	0	0	0
8	5	0	0	0	0	0	0	0	0

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

8	5	0	0	0	0	0	0	0	0
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. Tim Ryan for Congress**

Mailing Address 337 Vienna Avenue  
Suite 1

City Niles State OH Zip Code 44446

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Timothy J. Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : FF9EB0940DBC95D22A8**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Tim Walz for US Congress**

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Timothy J. Walz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : 80A307379B8C86CD310**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Tom Reed for Congress**

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456-0391

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Thomas W. Reed II.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

**Transaction ID : CA3D0BAF2831D8C2868**

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. Upton for All of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
2014 General

011

Candidate Name

**Fredrick Stephen Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : 09513B18B0E25166374**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Van Hollen for Congress**

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2014 General

011

Candidate Name

**Christopher Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : 97480A8E36AFFD371CD**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 General

011

Candidate Name

**Ron Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : 776A83FF1C6FB43311D**

Amount of Each Disbursement this Period

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

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

6	0	0	0	0	0
---	---	---	---	---	---

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

1	4	0	5	0	0
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