

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 American Association of Nurse Anesthetists Seperate Segregated Fund

ADDRESS (number and street) **222 South Prospect Ave**
c/o Finance Division
 Check if different than previously reported. (ACC) **Park Ridge IL 80068 4001**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00173153 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) Election on 06 04 2002 in the State of AL
 (b) Monthly Report Due On:
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 (d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on in the State of

5. Covering Period 05 02 2002 through 05 15 2002

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 William Yeo
 Signature of Treasurer Electronically Filed by William Yeo Date 05 23 2002

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 (Revised 1/2001)

Page 2

Write or Type Committee Name
American Association of Nurse Anesthetists Separate Segregated Fund

Report Covering the Period: From: ^h05 ^D02 ^v2002 To: ^h05 ^D15 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		373108.05
(b) Cash on Hand at Beginning of Reporting Period	368138.01	
(c) Total Receipts (from Line 19)	98091.42	212657.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	466229.43	585765.53
7. Total Disbursements (from Line 30)	74009.60	193545.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	392219.83	392219.83
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Association of Nurse Anesthetists Separate Segregated Fund

Report Covering the Period: From: ^{Month} 05 ^{Day} 02 ^{Year} 2002 To: ^{Month} 05 ^{Day} 15 ^{Year} 2002

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)	38060.00	
(ii) Unitemized	60031.42	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	98091.42	212585.92
(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 32, page 4)	98091.42	212585.92
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	71.56
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	98091.42	212657.48
20. Total Federal Receipts (subtract Line 18 from Line 19)	98091.42	212657.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	10000.00	21519.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10000.00	21519.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64009.60	167330.13
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	4695.72
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	74009.60	193545.70
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	74009.60	193545.70
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	98091.42	212585.92
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	98091.42	212585.92
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	10000.00	21519.85
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	10000.00	21519.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 40	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Linda K Houseal

Date of Receipt
M / D / Y Y Y Y

Mailing Address
6108 Summit Pointe Drive

City State Zip Code
Harrisburg PA 17111-4666

Amount of Each Receipt this Period
900.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pinnacle Health System CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$900.00 Weekly)
Primary General Other (specify) ▼ 900.00

Transaction ID: PR44800292307

B. Full Name (Last, First, Middle Initial)
Bruce R O'Donnell

Date of Receipt
M / D / Y Y Y Y

Mailing Address
5 Fox Run

City State Zip Code
Turner ME 04282-4601

Amount of Each Receipt this Period
1800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central Maine Medical Center CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$1800.00 Weekly)
Primary General Other (specify) ▼ 2000.00

Transaction ID: PR44816332307

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

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1112 Hobbs Rd

City State Zip Code
Greensboro NC 27410-4820

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Moses Cone Health System CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Weekly)
Primary General Other (specify) ▼ 250.00

Transaction ID: PR44820592307

SUBTOTAL of Receipts This Page (optional) ▶ **2950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 40	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Jeanette F Peter

Mailing Address
2917 Via Rivera

City State Zip Code
Palos Verdes Estat CA 90274-2876

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Harbor/UCLA Medical Center CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$500.00 Weekly)
Primary General Other (specify) ▼ 500.00

Transaction ID: PR44823272307

Full Name (Last, First, Middle Initial)
B. Kathleen E Donnelly

Mailing Address
PO Box 10

City State Zip Code
East Boothbay ME 04544-0010

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
450.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Miles Medical Group CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$450.00 Weekly)
Primary General Other (specify) ▼ 450.00

Transaction ID: PR44824912307

Full Name (Last, First, Middle Initial)
C. Timothy (Rick) Hoffman

Mailing Address
2122 Erickman Lane

City State Zip Code
Xenia OH 45385-8918

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sellar-Scharf Anesthesia, Inc. CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$750.00 Weekly)
Primary General Other (specify) ▼ 750.00

Transaction ID: PR44828812307

SUBTOTAL of Receipts This Page (optional) ▶ **1700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 40	
	<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

Full Name (Last, First, Middle Initial)
A. Joyce P Holder

Date of Receipt
M / D / Y Y Y Y

Mailing Address
680 East 40th Street

City State Zip Code
Brooklyn NY 11210-2005

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Downstate Hospital CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$1000.00 Weekly)
Primary General Other (specify) ▼ 1000.00

Transaction ID: PR44826842307

Full Name (Last, First, Middle Initial)
B. Cindy R Black

Date of Receipt
M / D / Y Y Y Y

Mailing Address
620 Guy Walker Way

City State Zip Code
Durham NC 27703-3793

Amount of Each Receipt this Period
600.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Duke University Health Systems CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$600.00 Weekly)
Primary General Other (specify) ▼ 600.00

Transaction ID: PR44837142307

Full Name (Last, First, Middle Initial)
C. John G Howard

Date of Receipt
M / D / Y Y Y Y

Mailing Address
Box 204

City State Zip Code
Iola KS 66749-0204

Amount of Each Receipt this Period
1200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$1100.00 Weekly)
Primary General Other (specify) ▼ 1200.00

Transaction ID: PR44841502307

SUBTOTAL of Receipts This Page (optional) ▶ **2800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 40	
	<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

A. Joseph M Morel Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 PO Box 545
 City State Zip Code
 Huntingdon TN 38344-0545 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 250.00

Name of Employer Self	Occupation CRNA
--------------------------	--------------------

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Weekly)
 Primary General
 Other (specify) ▼ 250.00

Transaction ID: PR44841962307

B. Anne C Bowman Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 14101 Arbor Hills Road
 City State Zip Code
 Tampa FL 33625-6427 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 500.00

Name of Employer James A. Haley Veterans Hospital	Occupation CRNA
--	--------------------

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$500.00 Weekly)
 Primary General
 Other (specify) ▼ 500.00

Transaction ID: PR44843602307

C. Marchella A Richardson Date of Receipt
 Mailing Address N M / D E / Y Y Y Y
 598 Rocksprings Midland Road
 City State Zip Code
 Christiana TN 37037-5350 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 250.00

Name of Employer Anesthesia Medical Group	Occupation CRNA
--	--------------------

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Weekly)
 Primary General
 Other (specify) ▼ 250.00

Transaction ID: PR44855582307

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 40

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Steven C Hendrickson

Mailing Address

1D344 Mississippi Blvd NW

City

State

Zip Code

Coon Rapids

MN

55433-4521

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

1125.00

FEC ID number of contributing
federal political committee.

Name of Employer
Progressive Anesthesia Services,
Inc.

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

P/R Deduction (\$1125.00
Weekly)

Transaction ID: PR44855862307

Full Name (Last, First, Middle Initial)

B. Joan C Cochran

Mailing Address

292 S Finch Road

City

State

Zip Code

Elkview

WV

25071-9935

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

P/R Deduction (\$500.00 We-
ekly)

Transaction ID: PR44858722307

Full Name (Last, First, Middle Initial)

C. Garalynn Tomas

Mailing Address

32540 Oakhurst Drive

City

State

Zip Code

North Ridgeville

OH

44039-2374

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
GVT Medical Service Consultants,
Inc.

Occupation

CRNA

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

P/R Deduction (\$250.00 We-
ekly)

Transaction ID: PR44871812307

SUBTOTAL of Receipts This Page (optional) ► **1875.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 40	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Donald J Roesler

Mailing Address
2005 Queens Avenue

City State Zip Code
Sioux Falls SD 57106-5306

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Weekly)
Primary General Other (specify) ▼ 250.00

Transaction ID: PR44873002307

B. Full Name (Last, First, Middle Initial)
Steven W Cook

Mailing Address
815 Club Hills Drive

City State Zip Code
Eustis FL 32726-5236

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
1050.00

FEC ID number of contributing federal political committee.

Name of Employer FANA Occupation
CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$1050.00 Weekly)
Primary General Other (specify) ▼ 1050.00

Transaction ID: PR44873172307

C. Full Name (Last, First, Middle Initial)
Katherine L Ferrel

Mailing Address
204 Barnstable Court

City State Zip Code
Camillus NY 13031-2060

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Anesthetics Group P.C. Occupation
CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$2000.00 Weekly)
Primary General Other (specify) ▼ 2200.00

Transaction ID: PR4487B642307

SUBTOTAL of Receipts This Page (optional) ▶ **3300.00**

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

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

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

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

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

Date of Receipt
M / D / Y Y Y Y

Mailing Address
23 Westwood Avenue

City State Zip Code
Millinocket ME 04462-1914

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Millinocket Regional Hospital CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$400.00 Weekly)
Primary General Other (specify) ▼ 400.00

Transaction ID: PR44880012307

B. Full Name (Last, First, Middle Initial)
Brandon J Wynn

Date of Receipt
M / D / Y Y Y Y

Mailing Address
8271 E Sunset Avenue

City State Zip Code
Terre Haute IN 47805-7954

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wabash Valley Anesthesia CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$350.00 Weekly)
Primary General Other (specify) ▼ 350.00

Transaction ID: PR44881542307

C. Full Name (Last, First, Middle Initial)
Lawrence K Beck

Date of Receipt
M / D / Y Y Y Y

Mailing Address
321 Falles Court

City State Zip Code
Madison WI 53705-5012

Amount of Each Receipt this Period
1400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dean Medical Center CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$1400.00 Weekly)
Primary General Other (specify) ▼ 1400.00

Transaction ID: PR44881582307

SUBTOTAL of Receipts This Page (optional) ▶ **2150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 40	
	<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

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

Mailing Address
RR 1 Box 8E
City: Oneill State: NE Zip Code: 68763-9781

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: North Central Anesthesia Services, LLL Occupation: CRNA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00 P/R Deduction (\$500.00 Weekly)

Transaction ID: PR44882972307

Full Name (Last, First, Middle Initial)
B. Michael A Geisler

Mailing Address
205 Azalea Point Drive South
City: Ponte Vedra Beach State: FL Zip Code: 32082-4607

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Mayo Clinic Occupation: CRNA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 P/R Deduction (\$300.00 Weekly)

Transaction ID: PR44884152307

Full Name (Last, First, Middle Initial)
C. Randall J Ryan Sr

Mailing Address
688 Glenway Drive
City: Hamilton State: OH Zip Code: 45013-3560

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Ft. Hamilton Hospital Occupation: CRNA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00 P/R Deduction (\$300.00 Weekly)

Transaction ID: PR44888572307

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 40	
	<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

Full Name (Last, First, Middle Initial)
A. Lawrence H Krane

Mailing Address
571 Tusculum Ave

City State Zip Code
Cincinnati OH 45226-1773

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$500.00 Weekly)
Primary General Other (specify) ▼ 500.00

Transaction ID: PR44894172307

Full Name (Last, First, Middle Initial)
B. Karyn B Karp

Mailing Address
327 W Thomson Ave

City State Zip Code
Sonoma CA 95476-4365

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer WAHAWA HOSP Occupation
WAHAWA HOSP CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$200.00 Weekly)
Primary General Other (specify) ▼ 500.00

Transaction ID: PR44900012307

Full Name (Last, First, Middle Initial)
C. Leslie Ann Jeter

Mailing Address
1244 Wildcliff Circle

City State Zip Code
Atlanta GA 30329-3473

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
270.00

FEC ID number of contributing federal political committee.

Name of Employer Preferred Anesthetics Services Occupation
Preferred Anesthetics Services CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$270.00 Weekly)
Primary General Other (specify) ▼ 270.00

Transaction ID: PR44905402307

SUBTOTAL of Receipts This Page (optional) ▶ **970.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 40

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Lavonne K Sanders

Mailing Address

28750 East Apache Street

City

State

Zip Code

Catoosa

OK

74015-5702

Date of Receipt

MM / DD / YYYY

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
Self

Occupation

CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

P/R Deduction (\$250.00 We-
ekly)

Transaction ID: PR44918092307

Full Name (Last, First, Middle Initial)

B. Lewis J McLaughlin

Mailing Address

521 Lavender

City

State

Zip Code

Monroe

MI

48162-2820

Date of Receipt

MM / DD / YYYY

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
Self Employed

Occupation

CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

P/R Deduction (\$250.00 We-
ekly)

Transaction ID: PR44918092307

Full Name (Last, First, Middle Initial)

C. Patrick J Gould

Mailing Address

104 R Hwy 54W Apt 324

City

State

Zip Code

Carrboro

NC

27510

Date of Receipt

MM / DD / YYYY

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
Wadley Regional Medical Center

Occupation

Nurse Anesthetist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

P/R Deduction (\$300.00 We-
ekly)

Transaction ID: PR44920642307

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 40	
	<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

A. Full Name (Last, First, Middle Initial)
Sherlyn H Owens

Date of Receipt
M / D / Y Y Y Y

Mailing Address
4381 Mill Creek Road

City State Zip Code
Winston Salem NC 27106-2921

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wake Forest University Baptist Med Ctr CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$2000.00 Weekly)
Primary General Other (specify) 2000.00

Transaction ID: PR44948072307

B. Full Name (Last, First, Middle Initial)
Mary E Miller-Mazza

Date of Receipt
M / D / Y Y Y Y

Mailing Address
7385 Bolton Way

City State Zip Code
Inver Grove Height MN 55076-2937

Amount of Each Receipt this Period
875.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associated Anesthesiologists, P.A. CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$300.00 Weekly)
Primary General Other (specify) 875.00

Transaction ID: PR44948832307

C. Full Name (Last, First, Middle Initial)
Dorosh A Cleary

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1100 Creek carin

City State Zip Code
San Antonio TX 78258-5835

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wilford Hall Medical Ctr - Lockland AF CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$500.00 Weekly)
Primary General Other (specify) 500.00

Transaction ID: PR44952282307

SUBTOTAL of Receipts This Page (optional) ▶ **3375.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 40	
	<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

Full Name (Last, First, Middle Initial)
A. Calen D Walsh

Mailing Address
553 Shore Road

City State Zip Code
Cape Elizabeth ME 04107-1010

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mercy Hospital Staff Anesthetist

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Weekly)
Primary General Other (specify) ▼ 250.00

Transaction ID: PR44957602307

Full Name (Last, First, Middle Initial)
B. T Joe Knight

Mailing Address
AL Assn of Nurse Anesthetists

City State Zip Code
Birmingham AL 35203

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Law Offices of T. Joe Knight CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$500.00 Weekly)
Primary General Other (specify) ▼ 500.00

Transaction ID: PR44964372307

Full Name (Last, First, Middle Initial)
C. Robert L Phillips

Mailing Address
23445 US Hwy 29

City State Zip Code
Gretna VA 24557-2822

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Danville Regional Medical Center CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$500.00 Weekly)
Primary General Other (specify) ▼ 500.00

Transaction ID: PR44965672307

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Jeannine M Sherer

Mailing Address
1115 N Henderson St

City State Zip Code
Cape Girardeau MO 63701-4011

FEC ID number of contributing federal political committee.

Name of Employer Carson Newsome & Patel Occupation CRNA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$650.00 Weekly)

Amount of Each Receipt this Period
850.00

Transaction ID: PR44976512307

Full Name (Last, First, Middle Initial)
B. Sharon S Wolfe

Mailing Address
102 Russia Rd Grvs Hollow Farm

City State Zip Code
Poland NY 13431-9763

FEC ID number of contributing federal political committee.

Name of Employer St. Lukes Occupation CRNA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$200.00 Weekly)

Amount of Each Receipt this Period
200.00

Transaction ID: PR44997322307

Full Name (Last, First, Middle Initial)
C. Roena Pattjohn

Mailing Address
134 Cecil Hughes Ln

City State Zip Code
Delano TN 37325-7236

FEC ID number of contributing federal political committee.

Name of Employer Anesthesiologists Association Occupation CRNA

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$275.00 Weekly)

Amount of Each Receipt this Period
275.00

Transaction ID: PR45001052307

SUBTOTAL of Receipts This Page (optional) ▶ **1125.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 40	
	<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

Full Name (Last, First, Middle Initial)
A. Robert A Ogden

Date of Receipt
M / D / Y Y Y Y

Mailing Address
8892 US Highway 33 W

City State Zip Code
Camden WV 26338-8254

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Stonewall Jackson Memorial Hospital CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$300.00 Weekly)
Primary General Other (specify) ▼ 300.00

Transaction ID: PR45001502307

Full Name (Last, First, Middle Initial)
B. Jack M Neary

Date of Receipt
M / D / Y Y Y Y

Mailing Address
88 Hooper Hill Road

City State Zip Code
Groton VT 05046-9765

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Collage Hospital CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$250.00 Weekly)
Primary General Other (specify) ▼ 250.00

Transaction ID: PR45005982307

Full Name (Last, First, Middle Initial)
C. Margaret A Matani

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1 Consulate Drive Apt 1-D

City State Zip Code
Tuckahoe NY 10707-2430

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MMC-Einstein CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$250.00 Weekly)
Primary General Other (specify) ▼ 250.00

Transaction ID: PR45007362307

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 40	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
John C Petersen

Date of Receipt
M / D / Y Y Y Y

Mailing Address
442 TL

City State Zip Code
Dubois PA 15801

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DRMC, DuBois, PA CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$250.00 Weekly)
Primary General Other (specify) ▼ 250.00

Transaction ID: PR45011162307

B. Full Name (Last, First, Middle Initial)
Steve K Clarke

Date of Receipt
M / D / Y Y Y Y

Mailing Address
1521 Elf Stone Court

City State Zip Code
Casselberry FL 32707-5938

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WAC CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$100.00 Weekly)
Primary General Other (specify) ▼ 350.00

Transaction ID: PR45012792307

C. Full Name (Last, First, Middle Initial)
Benjamin P Stewart

Date of Receipt
M / D / Y Y Y Y

Mailing Address
2 Frost Rd

City State Zip Code
Cinnaminson NJ 08077-4066

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$250.00 Weekly)
Primary General Other (specify) ▼ 250.00

Transaction ID: PR45024022307

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 40	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Sandra K Tunajek

Mailing Address
2150 Bouterse Apt 307

City State Zip Code
Park Ridge IL 60068-2369

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AANA Director

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$5000.00 Weekly)
Primary General Other (specify) ▼ 5000.00

Transaction ID: PR45026782307

Full Name (Last, First, Middle Initial)
B. Jenica J Izler

Mailing Address
6 Huntingwood Retreat

City State Zip Code
Savannah GA 31411-2828

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
980.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self-employed CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$980.00 Weekly)
Primary General Other (specify) ▼ 980.00

Transaction ID: PR45028982307

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

Mailing Address
1908 Cates Road

City State Zip Code
Mays Landing NJ 08330-3805

Date of Receipt
M / D / Y Y Y Y

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Atlantic City Medical Center CRNA

Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$250.00 Weekly)
Primary General Other (specify) ▼ 250.00

Transaction ID: PR45031302307

SUBTOTAL of Receipts This Page (optional) ▶ **6230.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial)

A. Marion S Jones

Mailing Address

1408 Connell Road

City

State

Zip Code

Charleston

WV

25314-1924

Date of Receipt

____ / ____ / ____

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Charleston Area Medical Center

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

P/R Deduction (\$250.00 We-
ekly)

Transaction ID: PR45036742307

Full Name (Last, First, Middle Initial)

B. Larry G Hensby

Mailing Address

6152 Alabama Highway 174

City

State

Zip Code

Springville

AL

35146

Date of Receipt

____ / ____ / ____

Amount of Each Receipt this Period

3900.00

FEC ID number of contributing
federal political committee.

Name of Employer
Anesthesia Resource Management

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

3900.00

P/R Deduction (\$3900.00
Weekly)

Transaction ID: PR45037422307

Full Name (Last, First, Middle Initial)

C. Lisa A Chak

Mailing Address

6379 Crackleberry Bay

City

State

Zip Code

Woodbury

MN

55129-5629

Date of Receipt

____ / ____ / ____

Amount of Each Receipt this Period

1475.00

FEC ID number of contributing
federal political committee.

Name of Employer
University of MN Flaxmead Hospital

Occupation
CRNA

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

P/R Deduction (\$1475.00
Weekly)

Transaction ID: PR45039362307

SUBTOTAL of Receipts This Page (optional) ▶ **5625.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 40	
	<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

A. Full Name (Last, First, Middle Initial)
Lisa Elbert Pulver

Date of Receipt
M / D / Y Y Y Y

Mailing Address
3300 Walnut Ave

City State Zip Code
Manhattan Beach CA 90266-3552

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$100.00 Weekly)
Primary General Other (specify) 400.00

Transaction ID: PR45036462307

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

Date of Receipt
M / D / Y Y Y Y

Mailing Address
4304 W 58th Street

City State Zip Code
Edina MN 55424-1620

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Fair View Southdale Hospital Occupation
CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$100.00 Weekly)
Primary General Other (specify) 350.00

Transaction ID: PR45040512307

C. Full Name (Last, First, Middle Initial)
Rayann S Huntsman

Date of Receipt
M / D / Y Y Y Y

Mailing Address
326 Sandy Ave NE

City State Zip Code
Massillon OH 44846-2041

Amount of Each Receipt this Period
210.00

FEC ID number of contributing federal political committee.

Name of Employer Ohio Hospital Based Physician Corp Occupation
CRNA

Receipt For: Aggregate Year-to-Date P/R Deduction (\$210.00 Weekly)
Primary General Other (specify) 210.00

Transaction ID: PR45076632307

SUBTOTAL of Receipts This Page (optional)	▶	410.00
TOTAL This Period (last page this line number only)	▶	38060.00

**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)

PAGE 23 / 40

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

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Membership Marketing Services		Date of Disbursement 05 / 13 / 2002	
Mailing Address 1280 Perimeter Parkway City Virginia Beach State VA Zip Code 23454		Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement fundraising fees		DD3 Category/ Type fundraising fees	
Candidate Name		Transaction ID: 8831719	
Office Sought: House Senate President State: District: 0	Disbursement For: Primary General Other (specify) ▼		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

**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)

PAGE 24 / 40

<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				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Chris Chocola for Congress, Inc.		Date of Disbursement 05 / 02 / 2002	
Mailing Address P.O. Box 6728 City State Zip Code South Bend IN 46660-6728		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Chris Chocola			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8405704	
State: IN District: 2			

Full Name (Last, First, Middle Initial) B. Friends of John Boehner		Date of Disbursement 05 / 07 / 2002	
Mailing Address 7808 Cincinnati-Dayton Road Suite 1 City State Zip Code West Chester OH 45069		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name John Boehner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8644429	
State: OH District: 8			

Full Name (Last, First, Middle Initial) C. Nita Lowey For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address 105 Beverly Road City State Zip Code Rye NY 10580		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Nita M. Lowey			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8644427	
State: NY District: 18			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Sensenbrenner for Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address 1122 5th Street NW City Washington State DC Zip Code 20001		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name F. James Sensenbrenner, Jr.		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 8	Transaction ID: 8844428	

Full Name (Last, First, Middle Initial) B. Siegrist For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 1841 City Council Bluffs State IA Zip Code 51502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Mr. Brent Siegrist		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 5	Transaction ID: 8844425	

Full Name (Last, First, Middle Initial) C. Ann Womer Benjamin For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 122 City Aurora State OH Zip Code 44202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Ann Benjamin		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 17	Transaction ID: 8844428	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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21b 22 23 24 25
 26 27 28a 28b 28c 29

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

A. Pioneer PAC

Full Name (Last, First, Middle Initial)
Pioneer PAC

Mailing Address
1212 N. Vernon Street
City Arlington State VA Zip Code 22201

Purpose of Disbursement
YTD:\$5,000.00

Candidate Name

Office Sought: House Senate President
State: District: 0

Disbursement For: 2002
 Primary General
 Other (specify) ▼
2002 Other Election

Category/Type: 011

Date of Disbursement: 05 / 08 / 2002

Amount of Each Disbursement this Period: 2500.00

Transaction ID: 8850B29

B. Friends Of Roy Blunt

Full Name (Last, First, Middle Initial)
Friends Of Roy Blunt

Mailing Address
PO Box 278
City Strafford State MO Zip Code 65757

Purpose of Disbursement
YTD:\$1,000.00

Candidate Name
Mr. Roy Blunt

Office Sought: House Senate President
State: MO District: 7

Disbursement For: 2002
 Primary General
 Other (specify) ▼

Category/Type: 011

Date of Disbursement: 05 / 10 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 8811D72

C. Collins for Senator

Full Name (Last, First, Middle Initial)
Collins for Senator

Mailing Address
P.O. Box 1096 186 Exchange Street
City Bangor State ME Zip Code 04402-1096

Purpose of Disbursement
YTD:\$1,000.00

Candidate Name
Susan Collins

Office Sought: House Senate President
State: ME District: 2

Disbursement For: 2002
 Primary General
 Other (specify) ▼

Category/Type: 011

Date of Disbursement: 05 / 10 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 8811585

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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Collins for Senator		Date of Disbursement 05 / 10 / 2002
Mailing Address P.O. Box 1096 City: Bangor State: ME Zip Code: 04402-1096		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$1,500.00	Category/Type 011	
Candidate Name Susan Collins		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 8811787
State: ME District: 2		

Full Name (Last, First, Middle Initial) B. Costello for Congress Committee		Date of Disbursement 05 / 10 / 2002
Mailing Address 629 Garden Blvd. City: Belleville State: IL Zip Code: 62220		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/Type 011	
Candidate Name Jerry F. Costello		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 8811D88
State: IL District: 12		

Full Name (Last, First, Middle Initial) C. Dedicated Americans for Sen & House		Date of Disbursement 05 / 10 / 2002
Mailing Address 424 C St., NE, 1st Floor City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00	Category/Type 011	
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2002 Other Election	Transaction ID: 8811D79
State: District: 0		

SUBTOTAL of Disbursements This Page (optional)	6500.00
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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Friends Of Rosa DeLauro		Date of Disbursement 05 / 10 / 2002	
Mailing Address 40 Huntington St City State Zip Code New Haven CT 06511		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rosa L. DeLauro			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: 3	Transaction ID: 8811062		

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Date of Disbursement 05 / 10 / 2002	
Mailing Address 430 South Capital Street, SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 5250.00	
Purpose of Disbursement YTD:\$5,250.00		011 Category/ Type	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Other Election		
State: District: 0	Transaction ID: 8811040		

Full Name (Last, First, Middle Initial) C. Team Emerson		Date of Disbursement 05 / 10 / 2002	
Mailing Address 2210 Lakewood City State Zip Code Cape Girardeau MO 63701		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Ms. Jo Ann Emerson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District: 0	Transaction ID: 8811061		

SUBTOTAL of Disbursements This Page (optional)	7250.00
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

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<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				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Enzi For US Senate		Date of Disbursement 05 / 10 / 2002	
Mailing Address PO Box 907 City State Zip Code Gillette WY 82717		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$3,500.00		011 Category/ Type	
Candidate Name Mr. Michael B. Enzi			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 8811805	
State: WY District: 2			

Full Name (Last, First, Middle Initial) B. Lindsey Graham for Senate		Date of Disbursement 05 / 10 / 2002	
Mailing Address 900 Second Street, NE Suite 114 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$3,000.00		011 Category/ Type	
Candidate Name Linsey Graham			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 8811548	
State: SC District: 3			

Full Name (Last, First, Middle Initial) C. Friends of Maurice Hinchey		Date of Disbursement 05 / 10 / 2002	
Mailing Address 236 Massachusetts Ave, NE, #202 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Maurice D. Hinchey			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 8811067	
State: NY District: 28			

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)

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<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				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

<p>Full Name (Last, First, Middle Initial) A. Friends Of Congressman Tim Holden</p>		<p>Date of Disbursement 05 / 10 / 2002</p>	
<p>Mailing Address 31 Pearl Street City State Zip Code Saint Clair PA 17970</p>		<p>Amount of Each Disbursement this Period 500.00</p>	
<p>Purpose of Disbursement YTD:\$1,500.00</p>		<p>011 Category/ Type</p>	
<p>Candidate Name Tim Holden</p>		<p>Transaction ID: 8811207</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p>	<p>State: PA District: 8</p>	

<p>Full Name (Last, First, Middle Initial) B. Tim Hutchinson for Senate</p>		<p>Date of Disbursement 05 / 10 / 2002</p>	
<p>Mailing Address 14154 W. 7th Street City State Zip Code Little Rock AR 72201</p>		<p>Amount of Each Disbursement this Period 1500.00</p>	
<p>Purpose of Disbursement YTD:\$1,500.00</p>		<p>011 Category/ Type</p>	
<p>Candidate Name Mr. Tim Hutchinson</p>		<p>Transaction ID: 8811B50</p>	
<p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p>	<p>State: AR District: 2</p>	

<p>Full Name (Last, First, Middle Initial) C. Kristen Pugh</p>		<p>Date of Disbursement 05 / 10 / 2002</p>	
<p>Mailing Address 412 First St, SE City State Zip Code Washington DC 20003</p>		<p>Amount of Each Disbursement this Period 409.60</p>	
<p>Purpose of Disbursement YTD:\$409.60 inkind for Rep. Ron Lewis</p>		<p>011 Category/ Type</p>	
<p>Candidate Name Ron Lewis</p>		<p>inkind for Rep. Ron Lewis</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼</p>	<p>State: KY District: 2</p>	
		<p>Transaction ID: 8811405</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2409.60</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Mikulski for Senate			Date of Disbursement 05 / 10 / 2002	
Mailing Address P.O. Box 13147 City Baltimore State MD Zip Code 21203			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00			011 Category/ Type	
Candidate Name Barbara A. Mikulski				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 8811D65	
State: MD District: 2				

Full Name (Last, First, Middle Initial) B. Nussle for Congress Committee			Date of Disbursement 05 / 10 / 2002	
Mailing Address P.O. Box 324 City Manchester State IA Zip Code 52057			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00			011 Category/ Type	
Candidate Name Jim Nussle				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 8811D64	
State: IA District: 2				

Full Name (Last, First, Middle Initial) C. Pickering for Congress			Date of Disbursement 05 / 10 / 2002	
Mailing Address Route 7 P.O. Box 552 City Laurel State MS Zip Code 39440			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00			011 Category/ Type	
Candidate Name Mr. Charles W. Pickering				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 8811D75	
State: MS District: 3				

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Citizens for Arlen Specter			Date of Disbursement 05 / 10 / 2002	
Mailing Address 300 I Street, NE City Washington State DC Zip Code 20002			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00			011 Category/ Type	
Candidate Name Arlen Specter				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 8811070	
State: PA District: 1				

Full Name (Last, First, Middle Initial) B. Committee for Leadership and Progress			Date of Disbursement 05 / 10 / 2002	
Mailing Address P.O. Box 31107 City Bethesda State MD Zip Code 20824-1107			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00			011 Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Other Election		Transaction ID: 8811073	
State: District: 0				

Full Name (Last, First, Middle Initial) C. Louisiana Senate 2002			Date of Disbursement 05 / 10 / 2002	
Mailing Address 503 Capitol Court, NE Suite 100 City Washington State DC Zip Code 20002			Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement YTD:\$250.00 Sen. Mary Landrieu fundraiser			011 Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Other Election		Sen. Mary Landrieu fundraiser Transaction ID: 8811063	
State: District: 0				

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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<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				

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

Full Name (Last, First, Middle Initial) A. Ron Lewis for Congress		Date of Disbursement 05 / 13 / 2002	
Mailing Address P.O. Box 307 City Elizabethtown State KY Zip Code 42702		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,409.60		011 Category/ Type	
Candidate Name Ron Lewis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 8826237
State: KY District: 2			

Full Name (Last, First, Middle Initial) B. American Prosperity PAC		Date of Disbursement 05 / 13 / 2002	
Mailing Address 429 N Saint Asaph 3rd Floor City Alexandria State VA Zip Code 22314		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type	
Candidate Name			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Other Election		Transaction ID: 8832489
State: District: 0			

Full Name (Last, First, Middle Initial) C. Friends of Max Baucus		Date of Disbursement 05 / 15 / 2002	
Mailing Address 236 Massachusetts Avenue, NE Suite 202 City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 1600.00	
Purpose of Disbursement YTD:\$1,600.00		011 Category/ Type	
Candidate Name Max Baucus			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 8850381
State: MT District: 1			

SUBTOTAL of Disbursements This Page (optional) ▶	5100.00
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

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(check only one)

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<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				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Mac Collins for Congress		Date of Disbursement 05 / 15 / 2002	
Mailing Address P.O. Box 35 City State Zip Code Jonesboro GA 30237		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type	
Candidate Name Mac Collins		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 3	Transaction ID: 8850481	

Full Name (Last, First, Middle Initial) B. Friends of Kent Conrad		Date of Disbursement 05 / 15 / 2002	
Mailing Address P.O. Box 812 City State Zip Code Bismark ND 58501		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Kent Conrad		Disbursement For: 2006 X Primary General Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ND District: 1	Transaction ID: 8850478	

Full Name (Last, First, Middle Initial) C. A Lot of People Supporting Tom Daschle		Date of Disbursement 05 / 15 / 2002	
Mailing Address 424 C Street NE 1st floor City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3,500.00		011 Category/ Type	
Candidate Name Tom Daschle		Disbursement For: 2004 X Primary General Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: SD District: 1	Transaction ID: 8850480	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

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<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				

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

Full Name (Last, First, Middle Initial) A. Moran for Congress		Date of Disbursement 05 / 15 / 2002	
Mailing Address P.O. Box 1151 City: Hays State: KS Zip Code: 67601		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Jerry Moran			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850477	
State: KS District: 1			

Full Name (Last, First, Middle Initial) B. Friends Of Congressman Tim Holden		Date of Disbursement 05 / 15 / 2002	
Mailing Address 31 Pearl Street City: Saint Clair State: PA Zip Code: 17970		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type	
Candidate Name Tim Holden			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850328	
State: PA District: 6			

Full Name (Last, First, Middle Initial) C. Tim Hutchinson for Senate		Date of Disbursement 05 / 15 / 2002	
Mailing Address 14154 W. 7th Street Front Office City: Little Rock State: AR Zip Code: 72201		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Mr. Tim Hutchinson			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850307	
State: AR District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

<p>A. Full Name (Last, First, Middle Initial) Tim Johnson for U.S. Senate</p>			<p>Date of Disbursement 05 / 15 / 2002</p>	
<p>Mailing Address 420 C St., NE, Lwr Lvl City Washington State DC Zip Code 20002</p>			<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement YTD:\$2,000.00</p>		<p>011 Category/ Type</p>		
<p>Candidate Name Mr. Tim Johnson</p>		<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		
<p>Office Sought: House X Senate President</p>		<p>State: SD District: 2</p>		
<p>Transaction ID: 8850482</p>				

<p>B. Full Name (Last, First, Middle Initial) Kilpatrick for Congress</p>			<p>Date of Disbursement 05 / 15 / 2002</p>	
<p>Mailing Address 3223 Carter City Detroit State MI Zip Code 48208</p>			<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement YTD:\$1,000.00</p>		<p>011 Category/ Type</p>		
<p>Candidate Name Carolyn Cheeks Kilpatrick</p>		<p>Disbursement For: 2002 X Primary General Other (specify) ▼</p>		
<p>Office Sought: X House Senate President</p>		<p>State: MI District: 15</p>		
<p>Transaction ID: 8850112</p>				

<p>C. Full Name (Last, First, Middle Initial) Mary Bono Committee</p>			<p>Date of Disbursement 05 / 15 / 2002</p>	
<p>Mailing Address 520 S Grand Ave #700 City Los Angeles State CA Zip Code 90071</p>			<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement YTD:\$2,000.00</p>		<p>011 Category/ Type</p>		
<p>Candidate Name Mary Bono</p>		<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		
<p>Office Sought: X House Senate President</p>		<p>State: CA District: 44</p>		
<p>Transaction ID: 8850479</p>				

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s)
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Detailed Summary Page

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<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				

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

Full Name (Last, First, Middle Initial) A. Pickering for Congress		Date of Disbursement 05 / 15 / 2002
Mailing Address Route 7 P.O. Box 552 City: Laurel State: MS Zip Code: 39440		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement YTD:\$3,500.00	011 Category/ Type	
Candidate Name Mr. Charles W. Pickering		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850368
State: MS District: 3		

Full Name (Last, First, Middle Initial) B. Earl Pomeroy for Congress		Date of Disbursement 05 / 15 / 2002
Mailing Address P.O. Box 75214 City: Washington State: DC Zip Code: 20013		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Earl Pomeroy		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850474
State: MD District: 1		

Full Name (Last, First, Middle Initial) C. Ed Schrock for Congress		Date of Disbursement 05 / 15 / 2002
Mailing Address P.O. Box 61480 City: Virginia Beach State: VA Zip Code: 23466		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,500.00	011 Category/ Type	
Candidate Name Ed Schrock		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850473
State: VA District: 2		

SUBTOTAL of Disbursements This Page (optional)	3500.00
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

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(check only one)

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<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				

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund

Full Name (Last, First, Middle Initial) A. Friends of Sessions Senate Committee		Date of Disbursement 05 / 15 / 2002	
Mailing Address 4131 Carmichael Road Suite A City State Zip Code Montgomery AL 36108		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Jeff Sessions			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850481	
State: AL District: 2			

Full Name (Last, First, Middle Initial) B. People for Weiland		Date of Disbursement 05 / 15 / 2002	
Mailing Address P.O. Box 781 City State Zip Code Sioux Falls SD 57101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. WEILAND			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850472	
State: SD District: 1			

Full Name (Last, First, Middle Initial) C. Whitfield For Congress Comm.		Date of Disbursement 05 / 15 / 2002	
Mailing Address 108 Alumni Avenue City State Zip Code Hopkinsville KY 42240		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Edward Whitfield			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850350	
State: KY District: 1			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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<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				

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

Full Name (Last, First, Middle Initial) A. Friends Of Roger Wicker		Date of Disbursement 05 / 15 / 2002
Mailing Address PO Box 874 City: Tupelo State: MS Zip Code: 38802		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Roger Wicker		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850478
State: MS District: 1		

Full Name (Last, First, Middle Initial) B. Joe Wilson for Congress		Date of Disbursement 05 / 15 / 2002
Mailing Address 1700 Sunset Boulevard HWY 378 City: West Columbia State: SC Zip Code: 29171		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	Category/ Type 011	
Candidate Name Joe Addison Wilson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 8850475
State: SC District: 23		

Full Name (Last, First, Middle Initial) C. The WISH List		Date of Disbursement 05 / 15 / 2002
Mailing Address 3205 N Street, NW City: Washington State: DC Zip Code: 20007		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00	Category/ Type 011	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 Other Election	Transaction ID: 8850483
State: District: 0		

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER:
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<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				

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

Full Name (Last, First, Middle Initial) A. Siegrist For Congress		Date of Disbursement 05 / 15 / 2002	
Mailing Address PO Box 1841 City State Zip Code Council Bluffs IA 51502		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$4,000.00		011 Category/ Type	
Candidate Name Mr. Brent Siegrist			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IA District: 5	Transaction ID: 8850409		

Full Name (Last, First, Middle Initial) B. Tom Young For Congress		Date of Disbursement 05 / 15 / 2002	
Mailing Address Post Office Box 1001 City State Zip Code Mobile AL 36633		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$3,000.00		011 Category/ Type	
Candidate Name Mr. Tom Young			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AL District: 1	Transaction ID: 8850440		

Full Name (Last, First, Middle Initial) C. Dickey For Congress Campaign Committee		Date of Disbursement 05 / 15 / 2002	
Mailing Address PO Box 8766 City State Zip Code Pine Bluff AR 71611		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Jay Dickey			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AR District: 4	Transaction ID: 8850265		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	64009.60