

# 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 07 / 01 / 2014 through M M M / D D D / Y Y Y Y Y Y 07 / 31 / 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 08 / 19 / 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.....	329090.77	
(c) Total Receipts (from Line 19) .....	44686.79	350151.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	373777.56	816038.36
7. Total Disbursements (from Line 31).....	70599.95	512860.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	303177.61	303177.61
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).....	23323.47	222214.46
(ii) Unitemized .....	21363.32	127849.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44686.79	350063.54
(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) .....	44686.79	350063.54
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	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))..... ▶	44686.79	350151.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44686.79	350151.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	752.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	99.95	752.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70500.00	509000.00
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)) ..	70599.95	512860.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70599.95	512860.75

**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) .....	44686.79	350063.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1107.92
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44686.79	348955.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	99.95	752.83
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	752.83

**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 58
	<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
-----------------------------	-----------------------------	-----------------------------

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 ▼ 833.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 4E41D87B40864B72A524**  
 Amount of Each Receipt this Period  
 833.33

**B. Jeffrey P. Allain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 616 Helen St  
 City Lake Charles State LA Zip Code 70601-5776  
 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  
 07 / 08 / 2014  
**Transaction ID : 495871B575CA479EB1FA**  
 Amount of Each Receipt this Period  
 365.00

**C. 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 ▼ 624.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014  
**Transaction ID : 4644A46F61611899DD93**  
 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 7 OF 58
	<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. 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 ▼ 307.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : DB04584437304C059AE5**  
 Amount of Each Receipt this Period  
 50.00

**B. Blaine H. Armer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9408 Sundance Dr  
 City Pearland State TX Zip Code 77584-2892  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Armer Anesthesia Associates Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 66B4EE372907422DBF93**  
 Amount of Each Receipt this Period  
 30.41

**C. Robin Luann Armer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9408 Sundance Dr  
 City Pearland State TX Zip Code 77584-2892  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Anesthesiology Consultants Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 9BD22C28BE054091B65C**  
 Amount of Each Receipt this Period  
 30.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.82
<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 58
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Mark A. Arturi</b>		Date of Receipt
Mailing Address 1866 Heatherhill St		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Trenton	MI	48183-1911
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 414D9A478EC367A762A6</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
VA MEDICAL CENTER	CRNA	<input type="text" value="330.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Winston T. Bansale</b>		Date of Receipt
Mailing Address 1408 Tuolumne St		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
Vallejo	CA	94590-3585
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C4E1806918614CD09422</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Kaiser Permanente	CRNA	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Debra A. Barber</b>		Date of Receipt
Mailing Address 834 Inspiration Way		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
Louisville	KY	40245-3989
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 34A96EF36A7149849CA2</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Triple Crown Anesthesia	Nurse anesthetist	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="370.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
	<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. Emily A. Barton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 5561  
 City Fort Smith State AR Zip Code 72913-5561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EAC Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2014  
**Transaction ID : 749386FAAE6540C78CF2**  
 Amount of Each Receipt this Period 250.00

**B. Freida Carolyn Bates**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1518 Ralston Branch Way  
 City Sugar Land State TX Zip Code 77479-4453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Plains Community Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.05

Date of Receipt 07 / 21 / 2014  
**Transaction ID : 3B781E5FD02C458DA949**  
 Amount of Each Receipt this Period 100.00

**C. Penelope S. Benedik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 Lyceum Ct  
 City College Station State TX Zip Code 77840-2342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UTHSC-Houston Occupation Associate Professor of Clinical Nursin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.88

Date of Receipt 07 / 21 / 2014  
**Transaction ID : 4DB0B76F2EFB0D478D63**  
 Amount of Each Receipt this Period 30.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	380.41
<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 10 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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. Eric D. Bergman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Cunard St  
 Apt 2  
 City Roxbury Crossing State MA Zip Code 02120-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MGH Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014  
**Transaction ID : C39AAB8DB1134B64B0B1**  
 Amount of Each Receipt this Period 250.00

**B. John Bistrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4252 Faber Place Dr  
 Apt 303  
 City North Charleston State SC Zip Code 29405-8572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Copley Hospital Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2014  
**Transaction ID : 9B65190AAB8946D28E8F**  
 Amount of Each Receipt this Period 250.00

**C. Mark M. Bjornstad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2619 N Miller Dr  
 City Moorhead State MN Zip Code 56560-1404  
 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 ▼ 1095.00

Date of Receipt 07 / 07 / 2014  
**Transaction ID : DE9E2C1BE4C940499809**  
 Amount of Each Receipt this Period 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	585.00
<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 11 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) <b>A. Stephen J. Blanchard</b>		Date of Receipt MM / DD / YYYY 07 / 10 / 2014 <b>Transaction ID : F0A001E0A68A4C57960C</b>
Mailing Address 11950 Silbyrd Dr		Amount of Each Receipt this Period 1000.00
City Midlothian	State VA	Zip Code 23113-2139
FEC ID number of contributing federal political committee. C		
Name of Employer Dreamworks Anesthesia Inc	Occupation Anesthesiology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen M. Blazoff</b>		Date of Receipt MM / DD / YYYY 07 / 08 / 2014 <b>Transaction ID : 8FAFD89481AE4CB3B3E1</b>
Mailing Address 218 McKinley Ave		Amount of Each Receipt this Period 31.00
City Grosse Pointe Farm	State MI	Zip Code 48236-3507
FEC ID number of contributing federal political committee. C		
Name of Employer William Beaumont Hospital	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.00	

Full Name (Last, First, Middle Initial) <b>C. Dennis C. Bless</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2014 <b>Transaction ID : 502BDF7D65984CE6A70E</b>
Mailing Address 100 2nd St NE Unit 170		Amount of Each Receipt this Period 208.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.31	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1239.33
<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 12 OF 58
	<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. Vincent Bogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8402 Sego Lily Ct  
 City Lorton State VA Zip Code 22079-5606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation crna  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2014  
**Transaction ID : 40CA18AABE39425C8682**  
 Amount of Each Receipt this Period  
 250.00

**B. 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 ▼ 242.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 9669F54B09584490B7F0**  
 Amount of Each Receipt this Period  
 30.42

**C. Monique R. Bowersox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1728 Quarry Ridge PI NW Apt 318  
 City Rochester State MN Zip Code 55901-0823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo Clinic Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : D2513F4ADD9140019ACA**  
 Amount of Each Receipt this Period  
 30.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.83
<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 58
	<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	

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. Catherine Marie Brooks-Fava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32605 Wing Lake Rd  
 City Franklin State MI Zip Code 48025-1931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tenet Health, Detroit Medical Center Occupation Staff Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **390.00**

Date of Receipt **07 / 29 / 2014**  
**Transaction ID : C8AA6C013BE341C2A117**  
 Amount of Each Receipt this Period **250.00**

**B. Scott M. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3266 Big Branch Rd  
 City Riner State VA Zip Code 24149-1742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina clinic Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : F7F5FF78AAE0471BA1C6**  
 Amount of Each Receipt this Period **250.00**

**C. 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 **666.65**

Date of Receipt **07 / 31 / 2014**  
**Transaction ID : 4F1A829044A10430BC9D**  
 Amount of Each Receipt this Period **83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>358.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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. Leslie A. Cardwell**  
Full Name (Last, First, Middle Initial)

Mailing Address 154 River Ln

City Dearborn State MI Zip Code 48124-1047

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

Name of Employer Harper -Hutzel Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt 07 / 12 / 2014  
Transaction ID : **CBDF61D990CC4C23953D**

Amount of Each Receipt this Period 355.00

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

Mailing Address PO Box 21376

City Billings State MT Zip Code 59104-1376

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

Name of Employer Braden Anesthesia Services, PC Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 08 / 2014  
Transaction ID : **F2DBD540D3FF4B87BF3B**

Amount of Each Receipt this Period 400.00

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

Mailing Address 122 Farm Meadows Ln

City Hockessin State DE Zip Code 19707-3400

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

Name of Employer ASPA Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2014  
Transaction ID : **330F1C1CF75A4AB28E0B**

Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1005.00
<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 15 OF 58
	<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. 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 ▼ 1000.00

Date of Receipt 07 / 09 / 2014  
**Transaction ID : B265B2986CFF406C8576**  
 Amount of Each Receipt this Period 83.33

**B. Shawn Bryant Collins**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 525.00

Date of Receipt 07 / 07 / 2014  
**Transaction ID : 1AD0E90A406A4880ACC3**  
 Amount of Each Receipt this Period 20.00

**C. Jean Covilo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8015 NW Timbercrest PI  
 City Kansas City State MO Zip Code 64152-6060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leavenworth Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : BA594440583149AA9971**  
 Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1103.33
<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 16 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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. Kevin B. Dolan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 Terrace Rd  
 City San Carlos State CA Zip Code 94070-4309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TPMG Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : 0B59F69BACDC400186C0**  
 Amount of Each Receipt this Period  
 355.00

**B. Lisa C. Dugan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Dugan Ln  
 City Troy State MO Zip Code 63379-2015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : BC23DDE2-6763-4B0A-**  
 Amount of Each Receipt this Period  
 1000.00

**C. James M. Egan Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 89 Manns Dr  
 City Hanover State MA Zip Code 02339-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept. of Veterans Affairs Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 300A308E98984908A8B5**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1396.67
<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 17 OF 58
	<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

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

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

Full Name (Last, First, Middle Initial)  
**A. Patricia K. Engelstad**

Mailing Address 616 N 4th St

City Brainerd State MN Zip Code 56401-2659

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

Name of Employer: Essentia Health Occupation: CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2014**

**Transaction ID : DE1644FC15A943B7B237**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 616 N 4th St

City Brainerd State MN Zip Code 56401-2659

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

Name of Employer: essentia Health Occupation: CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2014**

**Transaction ID : C37D5BD389DA4C5EB0FE**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 9312 Harrodsburg Rd

City Wilmore State KY Zip Code 40390-9754

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

Name of Employer: Central Baptist Hospital 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  
**07 / 09 / 2014**

**Transaction ID : 8D45DCC74D0947C9B74A**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</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 18 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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. Laurel K. Fox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Chadwick Dr  
 City Charleston State SC Zip Code 29407-7464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AAOC,PA 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  
 07 / 07 / 2014  
**Transaction ID : 32B6C4A15AAF48A7936A**  
 Amount of Each Receipt this Period  
 250.00

**B. Lenore France**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2822 Lakeland Pkwy  
 City Silver Lake State OH Zip Code 44224-2919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westbranch Anesthesia Associates Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 2E85F373475B49B29B7D**  
 Amount of Each Receipt this Period  
 100.00

**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 ▼ 833.31

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : A40A0E63DC8748EEB5E6**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.33
<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 58
	<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
-----------------------------	-----------------------------	-----------------------------

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. Edward J. Gaspar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 232 Kerby Rd  
 City State Zip Code  
 Grosse Pointe Farm MI 48236-3129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2014  
**Transaction ID : 98144EF21CE846339F62**  
 Amount of Each Receipt this Period  
 100.00

**B. Edward J. Gaspar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 232 Kerby Rd  
 City State Zip Code  
 Grosse Pointe Farm MI 48236-3129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : C83EAE230F3340169A28**  
 Amount of Each Receipt this Period  
 300.00

**C. Marjorie A. Geisz-Everson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11001 Patterson Rd  
 City State Zip Code  
 New Orleans LA 70131-3251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LSUHSC School of Nursing CRNA  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1095.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 54AD3901C1694B749B0A**  
 Amount of Each Receipt this Period  
 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	485.00
<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 20 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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. 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 ▼ 462.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 25E141C3672B44F8AF4E**  
 Amount of Each Receipt this Period  
 30.42

**B. Linda J. Goetz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 Concord St Unit A  
 City Havre De Grace State MD Zip Code 21078-3564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Maryland Occupation CRNA/Professor  
 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  
 07 / 28 / 2014  
**Transaction ID : 97617F25EB3C4AD8A247**  
 Amount of Each Receipt this Period  
 250.00

**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 ▼ 583.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 2C91280C02D94C9F8331**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	363.76
<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 58
	<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. Kimberly Anne Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1824 Elizabeth Ave  
 City Winston Salem State NC Zip Code 27103-2714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Forest Baptist Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt **07 / 09 / 2014**  
**Transaction ID : 0B70D027351742F49763**  
 Amount of Each Receipt this Period **62.50**

**B. Charles A. Griffis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1237 Carmona Ave  
 City Los Angeles State CA Zip Code 90019-2531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCLA Dept Anesthesia Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt **07 / 10 / 2014**  
**Transaction ID : 876FB6B991194D9AB50F**  
 Amount of Each Receipt this Period **250.00**

**C. 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 **212.92**

Date of Receipt **07 / 09 / 2014**  
**Transaction ID : 68D5BF569F6242B6B1A4**  
 Amount of Each Receipt this Period **30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>342.92</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 22 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

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

Mailing Address 6520 S Jeffrey Ave

City State Zip Code  
Sioux Falls SD 57108-3227

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

Name of Employer Occupation  
Vanderbilt University Medical Center CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
515.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : D705E138D0534FC8B946**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Ance O. Hawkins II**

Mailing Address PO Box 191

City State Zip Code  
Jackson MO 63755-0191

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

Name of Employer Occupation  
Saint francis medical Center CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : 372BA9DC6B60432EAF81**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 15233 Summer Park Ln

City State Zip Code  
Baton Rouge LA 70817-3083

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

Name of Employer Occupation  
Our Lady of the Lake College CRNA Faculty

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  
 07 / 04 / 2014  
**Transaction ID : 4B2B8B38A63A3AF5F490**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1145.00
<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 23 OF 58
	<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. Gary B. Hembd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14739 Road E2  
 City Norton State KS Zip Code 67654-5676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norton County Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2014  
**Transaction ID : 02F2FFCF20954A8B9ABD**  
 Amount of Each Receipt this Period 250.00

**B. 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 ▼ 500.00

Date of Receipt 07 / 09 / 2014  
**Transaction ID : DA06A57F25424DD98AAE**  
 Amount of Each Receipt this Period 50.00

**C. 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 ▼ 595.00

Date of Receipt 07 / 09 / 2014  
**Transaction ID : 76AE8C9B92DE4EA6B083**  
 Amount of Each Receipt this Period 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.00
<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 24 OF 58
	<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

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. 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 ▼ 1666.69

Date of Receipt  
 07 / 12 / 2014  
**Transaction ID : 44A19AC43CAD1309C118**

Amount of Each Receipt this Period  
 208.34

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

Mailing Address 301 Felisa Ct

City Redlands State CA Zip Code 92373-7170

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

Name of Employer Loma Linda Medical Center Occupation staff CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 07 / 19 / 2014  
**Transaction ID : C0D34DF56C154BFD843B**

Amount of Each Receipt this Period  
 50.00

**C. 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 ▼ 700.00

Date of Receipt  
 07 / 09 / 2014  
**Transaction ID : 4938E3742DD949D99CAB**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	358.34
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 58 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Benjamin T. Hughes</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014 <b>Transaction ID : 5F791C222D874B83A1FA</b>
Mailing Address 120 W Marshall St	Amount of Each Receipt this Period 200.00
City Falls Church State VA Zip Code 22046-4012	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Fairfax Anesthesiology Associates Occupation CRNA	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Timothy P. Johnson</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014 <b>Transaction ID : 4922331EF5524D0EA98D</b>
Mailing Address 2504 Turnbury Rd	Amount of Each Receipt this Period 20.00
City Howard State WI Zip Code 54313-9555	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer VETERANS ADMINISTRATION Occupation CRNA	Aggregate Year-to-Date ▼ 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Phyllis B. Kantor</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014 <b>Transaction ID : 4DD495F6D79B20D451CD</b>
Mailing Address 3465 Gleneagles Dr	Amount of Each Receipt this Period 208.33
City Stockton State CA Zip Code 95219-1818	
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer United Health Group Occupation Nurse Anesthetist	Aggregate Year-to-Date ▼ 1291.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	428.33
<b>TOTAL</b> This Period (last page this line number only).....	(Empty field)

**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 58
	<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. 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 **583.33**

Date of Receipt: 07 / 09 / 2014  
**Transaction ID : E2C8A5BB1A3A4466B54E**  
 Amount of Each Receipt this Period: **83.33**

**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 **416.65**

Date of Receipt: 07 / 22 / 2014  
**Transaction ID : 460F96098DDA0414000F**  
 Amount of Each Receipt this Period: **83.33**

**C. Elaine M. Ladich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4308 Loma Diamante Dr  
 City El Paso State TX Zip Code 79934-3804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Independent Contracted CRNA Occupation: CRNA  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **615.00**

Date of Receipt: 07 / 08 / 2014  
**Transaction ID : 39E443090273470FB534**  
 Amount of Each Receipt this Period: **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **416.66**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael J. Long</b>			Date of Receipt
Mailing Address 107 Greene Ave			<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : BCFEED27CE5349A69A87</b>
Brooklyn	NY	11238-1009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer	Occupation		
Memorial Sloan Kettering Cancer Center	CRNA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.33"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Danilo N. Lovinaria</b>			Date of Receipt
Mailing Address 3616 Edmund Blvd			<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : 49D785ACC1627A91E765</b>
Minneapolis	MN	55406-2944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer	Occupation		
Veterans Affairs Medical Center	CRNA		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.32"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Debra Pecka Malina</b>			Date of Receipt
Mailing Address 1116 N 13th Ct			<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : A5E33C057D8345D8B49A</b>
Hollywood	FL	33019-3110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
Barry University - Health Sciences Adm	Assistant Director of Clinical Educati		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="266.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Lauren S. Martin**

Mailing Address 10058 Toulouse Dr

City Shreveport State LA Zip Code 71106-8521

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

Name of Employer Willis Knighton Health System 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  
 07 / 30 / 2014

**Transaction ID : E2E72FA277A946E79A5A**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1210 N 6th St

City Coeur D Alene State ID Zip Code 83814-3229

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

Name of Employer Comfortably Numb 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  
 07 / 31 / 2014

**Transaction ID : 60E99F11DF3E46778D6B**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**c. Cheryl Martiny-Jorgensen**

Mailing Address 1110 Partridge Ln

City Hudson State WI Zip Code 54016-2316

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

Name of Employer Hudson 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  
 07 / 30 / 2014

**Transaction ID : 52AF2126B999426BAF4A**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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. John A. Mathie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2225 N Saint James Pkwy  
 City Cleveland Heights State OH Zip Code 44106-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cleveland Clinic 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  
 07 / 17 / 2014  
**Transaction ID : 02D6ACD8BF184D79B96D**  
 Amount of Each Receipt this Period  
 500.00

**B. Sharon Ann Mathie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2225 N Saint James Pkwy  
 City Cleveland Heights State OH Zip Code 44106-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cleveland Clinic 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  
 07 / 17 / 2014  
**Transaction ID : 7B7DECC3021648F8B2F6**  
 Amount of Each Receipt this Period  
 500.00

**C. Jason A. McCann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 Orchard Oak Cir  
 City Campbell State CA Zip Code 95008-2133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KAISER FOUNDATION HOSPITAL Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 466.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 525DAF5C10364E8CB17F**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<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 30 OF 58
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Stanley W. Might</b>		Date of Receipt										
Mailing Address 4 S Star Gazer		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>30</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	30	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	30	/	2014								
City Santa Fe	State NM	Zip Code 87506-1211										
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 94ED03BAA5B84869B9EE</b>										
Name of Employer ret		Amount of Each Receipt this Period										
Occupation crna		100.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	250.00											

Full Name (Last, First, Middle Initial) <b>B. Lawrence M. Moehn</b>		Date of Receipt										
Mailing Address 5218 Winding River Rd		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>28</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	28	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	28	/	2014								
City Richmond	State TX	Zip Code 77406-8235										
FEC ID number of contributing federal political committee. C		<b>Transaction ID : D395046AC6294D608CBC</b>										
Name of Employer Moehn Dream Team		Amount of Each Receipt this Period										
Occupation anesthetist		250.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	250.00											

Full Name (Last, First, Middle Initial) <b>C. Jeffrey E. Molter</b>		Date of Receipt										
Mailing Address 10335 Pinecrest Rd		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td>/</td> <td>16</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07	/	16	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
07	/	16	/	2014								
City Painesville	State OH	Zip Code 44077-8814										
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 427398C671BCFA454804</b>										
Name of Employer Western Reserve Anesthesia Associates		Amount of Each Receipt this Period										
Occupation CRNA		83.33										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											
	249.99											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.33
<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 31 OF 58
	<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. Corrine C. Montelaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 158 Prairie Dawn Cir  
 City The Woodlands State TX Zip Code 77385-3543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Greater Houston Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 73BF22DEAFD24A91A9FF**  
 Amount of Each Receipt this Period  
 30.42

**B. Mary R. Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 217 Burleigh Rd  
 City Bangor State ME Zip Code 04401-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nurse Anesthesia of Maine Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2014  
**Transaction ID : 6C5D027FF2904C19BC13**  
 Amount of Each Receipt this Period  
 50.00

**C. Lisa Mueller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 Sylvan Ave  
 City Pleasant Ridge State MI Zip Code 48069-1236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mueller Anesthesia Services Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2014  
**Transaction ID : 45BD7EDCA6CB4DBF8724**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.42
<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 32 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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. Bennie J. Mullins Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21937 S Amber Dr  
 City Claremore State OK Zip Code 74019-3812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USPHS Occupation NURSE ANESTHETIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2014  
**Transaction ID : 1019F0324744414FB0A2**  
 Amount of Each Receipt this Period  
 355.00

**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 ▼ 833.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 375B4E007DF8445990A0**  
 Amount of Each Receipt this Period  
 83.34

**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 ▼ 916.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2014  
**Transaction ID : 499AA1FF850B2507D905**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	521.68
<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 58
	<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"/> 19

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. Susan M. Newell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6431 Dunwoody Cir NW  
 City Canton State OH Zip Code 44718-2299  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marietta Memorial Hospital Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.91**

Date of Receipt **07 / 09 / 2014**  
**Transaction ID : 1E687981E86B456F9ECB**  
 Amount of Each Receipt this Period **30.41**

**B. Emily T. Nguyen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4213 Cedarbrook Cir  
 City Richardson State TX Zip Code 75082-5004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parkland Health and Hospital System Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **355.00**

Date of Receipt **07 / 30 / 2014**  
**Transaction ID : 54F88B06FDD945C8AD98**  
 Amount of Each Receipt this Period **355.00**

**C. 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 **583.31**

Date of Receipt **07 / 09 / 2014**  
**Transaction ID : E73D11A6AB9F474DBB25**  
 Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **468.74**  
**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 34 OF 58
	<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. 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 ▼ 666.67

Date of Receipt 07 / 09 / 2014  
**Transaction ID : 6C165D84446743FE8B23**  
 Amount of Each Receipt this Period 83.34

**B. 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 ▼ 310.00

Date of Receipt 07 / 08 / 2014  
**Transaction ID : 09872FFDD18E40F29ACB**  
 Amount of Each Receipt this Period 30.00

**C. Hylda B. Nugent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 218 Arapahoe Rdg  
 City Weatherford State TX Zip Code 76087-3820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Christian University Occupation Associate Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014  
**Transaction ID : 17F919286EE04B5D9788**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 363.34  
**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 35 OF 58
	<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. 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 ▼ 272.91

Date of Receipt 07 / 09 / 2014  
**Transaction ID : 4324E19A3CC94A809B46**  
 Amount of Each Receipt this Period 30.41

**B. Bethany Corinne Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 Murray Ave  
 City Myrtle Beach State SC Zip Code 29577-1736  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grand Strand Regional Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 13 / 2014  
**Transaction ID : 4C79AA9920334DC0070C**  
 Amount of Each Receipt this Period 83.33

**C. Sharon P. Pearce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1366 Becks Nursery Rd  
 City Lexington State NC Zip Code 27292-7099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2014  
**Transaction ID : 6135DA1B6C974152B0F5**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 613.74  
**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 36 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) <b>A. Holly Pham</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : 442D9ED778A6878793</b>
Mailing Address 5117 Shale Rock Run		Amount of Each Receipt this Period 833.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

Full Name (Last, First, Middle Initial) <b>B. Michelle B. Phillips</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2014 <b>Transaction ID : 70DDE99A9DB4494AB3CC</b>
Mailing Address 20436 N 96th Ln		Amount of Each Receipt this Period 30.42
City Peoria	State AZ	Zip Code 85382-5159
FEC ID number of contributing federal political committee. C		
Name of Employer Arizona Heart Anesthesia	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.92	

Full Name (Last, First, Middle Initial) <b>C. Eugene Postevka</b>		Date of Receipt MM / DD / YYYY 07 / 30 / 2014 <b>Transaction ID : 68B016862D4B4391A5D3</b>
Mailing Address 4590 S Professional Dr Apt 8201		Amount of Each Receipt this Period 105.00
City Edinburg	State TX	Zip Code 78539-2421
FEC ID number of contributing federal political committee. C		
Name of Employer Doctors Hospital at Renaissance	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	218.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 58
	<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. Philip J. Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 S Parkway  
 City Columbus State NE Zip Code 68601-4506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: McLauren Rgional Medical Center Occupation: CRNA  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 22 / 2014  
**Transaction ID : 0BF54FA5-E892-40B3-**  
 Amount of Each Receipt this Period: 365.00  
 Aggregate Year-to-Date: 365.00

**B. Delphos E. Price Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2622 Bardell Dr  
 City Wilmington State DE Zip Code 19808-3025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Premier Anesthesia Occupation: CRNA  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 10 / 2014  
**Transaction ID : B2BE1FA2D7D74F11A593**  
 Amount of Each Receipt this Period: 250.00  
 Aggregate Year-to-Date: 500.00

**C. 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)

Date of Receipt: 07 / 11 / 2014  
**Transaction ID : 4893B65AD873F466CC8F**  
 Amount of Each Receipt this Period: 83.33  
 Aggregate Year-to-Date: 624.99

**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 38 OF 58
	<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. 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 **350.00**

Date of Receipt **07 / 09 / 2014**  
**Transaction ID : 5A1AE5CB5F99419C93DA**  
 Amount of Each Receipt this Period **50.00**

**B. Erik S. Rauch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3196 65th St N  
 City Saint Petersburg State FL Zip Code 33710-2459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bayfront Medical Center Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 27 / 2014**  
**Transaction ID : 507690B051114717B3E3**  
 Amount of Each Receipt this Period **250.00**

**C. Eleanor W. Rawson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 385 E Green St Apt 2522  
 City Pasadena State CA Zip Code 91101-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NA Occupation CRNA  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 14 / 2014**  
**Transaction ID : D7BD9BE0702244B591CE**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **550.00**  
**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 39 OF 58
	<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	

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. Nola F. Ray**  
Full Name (Last, First, Middle Initial)

Mailing Address 10415 Doering Ln

City Austin State TX Zip Code 78750-1610

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

Name of Employer Capitol Anesthesiology Occupation Staff CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2014  
Transaction ID : **8D6F0E5983624555B37C**

Amount of Each Receipt this Period 250.00

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

Mailing Address 330 Triple Tree Rd

City Bozeman State MT Zip Code 59715-7821

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

Name of Employer Grants Pass Community Based Outpatient Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.34

Date of Receipt 07 / 09 / 2014  
Transaction ID : **B8B7C0E3E5A6401083F9**

Amount of Each Receipt this Period 83.34

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

Mailing Address PO Box 433

City Arlington Heights State IL Zip Code 60006-0433

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 21 / 2014  
Transaction ID : **72550D29951F433D82F3**

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 698.34

**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 40 OF 58
	<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. Antonio B. Rizarri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15518 San Milo Dr  
 City Houston State TX Zip Code 77068-1122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NW Anesthesia&Pain Services Occupation staffCRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2014  
**Transaction ID : E19C647DA1D9436E9E81**  
 Amount of Each Receipt this Period 500.00

**B. Randy A. Roth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 559 Wedge Ct  
 City Coldwater State MI Zip Code 49036-8859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Michigan Anesthesia Occupation owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 09 / 2014  
**Transaction ID : D83E3C6BE6AC4565A48E**  
 Amount of Each Receipt this Period 250.00

**C. Mike A. Sadler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5860 Westhaven Dr  
 City Fort Worth State TX Zip Code 76132-2602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Texas Christian Univ Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2014  
**Transaction ID : 7FE5E1A4D3AB4798A0E2**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 41 OF 58
	<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	

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. Donna M. Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Amity Rd  
 City Woodbridge State CT Zip Code 06525-1207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yale New Haven Hospital 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  
 07 / 09 / 2014  
**Transaction ID : F7DC0F3BD7CD4D508957**  
 Amount of Each Receipt this Period  
 300.00

**B. Louise M. Scudieri**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : 46888F3E1FE4D7609C67**  
 Amount of Each Receipt this Period  
 83.33

**C. William L. Seal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8252 Doyle Dr  
 City Sylvania State OH Zip Code 43560-4502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Memorial Hospital Occupation Nurse Anesthetist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2014  
**Transaction ID : 090FF0A749954F63AFF6**  
 Amount of Each Receipt this Period  
 355.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	738.33
<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 42 OF 58
	<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	

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. Sarah Sheets**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2121 Cocklebur Ln  
City Fort Collins State CO Zip Code 80525-4365  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Northern Colorado Anesthesia Professio Occupation CRNA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2014  
**Transaction ID : 1892774804FC4ED8AC3D**  
Amount of Each Receipt this Period 250.00

**B. Susan L. Sonson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5757 Collins Ave Apt 1101  
City Miami Beach State FL Zip Code 33140-2305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jackson Memorial Hospital Occupation CRNA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2014  
**Transaction ID : 7D8310011A9D4EA79E9D**  
Amount of Each Receipt this Period 500.00

**C. 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 ▼ 583.34

Date of Receipt 07 / 09 / 2014  
**Transaction ID : D65EDD11A5B1493E91AE**  
Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.34  
**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 43 OF 58
	<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	

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

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

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

Mailing Address 49130 W Benton St

City Oneill State NE Zip Code 68763-4604

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

Name of Employer NCAS, LLC Occupation CRNA owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 08 / 2014**

Transaction ID : **9A3E2C8BEFA740239AF0**

Amount of Each Receipt this Period  
**85.00**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

Transaction ID : **E4DF987D03174D19AE5D**

Amount of Each Receipt this Period  
**83.33**

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

Mailing Address 4103 Virginia Ave SE

City Charleston State WV Zip Code 25304-1605

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

Name of Employer Charleston Area Medical Center Occupation CRNA Instructor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

Transaction ID : **FB6A8B89C27B49EFB8E5**

Amount of Each Receipt this Period  
**30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>198.75</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 44 OF 58
	<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

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. Chad L. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 1210 N 6th St

City Coeur D Alene State ID Zip Code 83814-3229

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

Name of Employer Comfortably Numb 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  
 07 / 31 / 2014

**Transaction ID : 247ED7C23B59495A9C2F**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 1100 Shallowdale Dr

City Troy State MI Zip Code 48085-4935

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

Name of Employer Family Practice Physicians PC 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  
 07 / 28 / 2014

**Transaction ID : 084AD6E677DB4F578760**

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 ▼ 595.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : FA4CFAB3560B49D89A61**

Amount of Each Receipt this Period  
 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<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 45 OF 58
	<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
-----------------------------	-----------------------------	-----------------------------

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. Pamela Marcinak Wroblewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 265 Scott Haven Rd  
 City Sutersville State PA Zip Code 15083-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bpw Medical Anesthesia Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2014  
**Transaction ID : 52DE20DEF879427FAAE7**  
 Amount of Each Receipt this Period 250.00

**B. Sara Hulett Yarrow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 River Lights Ln  
 City Memphis State TN Zip Code 38103-8928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Jude Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 08 / 2014  
**Transaction ID : DC81604CD30D45EFB42A**  
 Amount of Each Receipt this Period 30.00

**C. John M. Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11990 Market St Unit 218  
 City Reston State VA Zip Code 20190-6008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RAA Occupation CRNA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2014  
**Transaction ID : 38A04CAB-CA98-4066-**  
 Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	780.00
<b>TOTAL</b> This Period (last page this line number only).....▶	23323.47

**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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : VF54B1298940B8F0E237**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Alexander for Senate 2014 Inc**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lamar Alexander**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : 89FAF576B33B5F8C7F3**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Bluegrass Committee**

Mailing Address 220 1/2 E St., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Bluegrass Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : 5987EA3E2A88ABF24A9**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Boozman for Arkansas**

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Nichols Boozman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : 0A3C244E2F516B18070**

Amount of Each Disbursement this Period

2500.00

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

7500.00

**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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BrettPAC-the Leadership PAC of U.S.Representative Brett Guthrie**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Mailing Address 504 Derek Avenue

**Transaction ID : 99128DA7E3365922208**

City Elizabethtown State KY Zip Code 42701-9168

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2014 Contribution

011
Category/ Type

Candidate Name  
BrettPAC-the Leadership PAC of U.S.Representative Brett Guthrie

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

Full Name (Last, First, Middle Initial)

**B. Cmr Political Action Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

Mailing Address PO Box 2485

**Transaction ID : 7EC005FE8711043B5F8**

City Springfield State VA Zip Code 22152-0485

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
2014 Contribution

011
Category/ Type

Candidate Name  
Cmr Political Action Committee

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

Full Name (Last, First, Middle Initial)

**C. Common Values PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Mailing Address 901 N Washington St, Suite 700

**Transaction ID : 6EBB484D04E77CBA746**

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2014 Contribution

011
Category/ Type

Candidate Name  
Common Values PAC

Office Sought:  House  Senate  President  
 Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

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

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

7500.00
---------

--



**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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Duckworth for Congress**

Mailing Address PO Box 59568

City State Zip Code  
Schaumburg IL 60159

Purpose of Disbursement  
2014 General

011

Candidate Name

**L. Tammy Duckworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	4

**Transaction ID : 6EBB6EC7600D3DA317C**

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. Fearless PAC**

Mailing Address PO Box 37

City State Zip Code  
Boulder CO 80306

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Fearless PAC**

Category/  
Type

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
0	7		2	4		2	0	1	4

**Transaction ID : 23CAE2B667EAC60AA20**

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. Gallego for Arizona**

Mailing Address PO Box 1710

City State Zip Code  
Phoenix AZ 85001

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Ruben Gallego**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	4

**Transaction ID : 1302FECDD5BDAEC466E**

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Great Land PAC**

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

**Great Land PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : 52E6F37ADED2F0AFAFE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Help America's Leaders Political Action Committee (HALPAC)**

Mailing Address 701 8th Street, NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Help America's Leaders Political Action Committee (HALPAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : FC339737D98C2DEB608

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Illinois Republican Party**

Mailing Address PO Box 64897

City Chicago State IL Zip Code 60664

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Illinois Republican Party**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

Transaction ID : 970CFB5CE2C46C72352

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Impact**

Mailing Address 192 Lexington Ave.  
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Impact**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : E633A62EB586E7DCCDB**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jaime for Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642-0020

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Jaime Herrera Beutler**

Office Sought:  House  
 Senate  
 President

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

State: WA District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

**Transaction ID : 12B96AC33CB08BFDC2D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jeff Miller for Congress**

Mailing Address PO Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Jefferson B. Miller**

Office Sought:  House  
 Senate  
 President

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

State: FL District: 01

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : 003AA353F73C8294B5F**

Amount of Each Disbursement this Period

1000.00

**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)

<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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jeff Miller for Congress**

Mailing Address PO Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Jefferson B. Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2014

**Transaction ID : 757766AC5014AE052D5**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Joe Wilson for Congress Committee**

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171-2145

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Addison Graves Wilson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2014

**Transaction ID : 19E55DBD64039093DBA**

Amount of Each Disbursement this Period

1500.00
---------

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

Category/  
Type

Candidate Name

**Ann McLane Kuster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

**Transaction ID : ED69A8A3A69C9E02E5D**

Amount of Each Disbursement this Period

500.00
--------

**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)

<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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kuster for Congress, Inc.**

Mailing Address PO Box 1498

City State Zip Code  
Concord NH 03302

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Ann McLane Kuster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : CAA26F8196E26056203**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Lone Star Leadership PAC**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : 59FF4BCB9EA0411468D**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. Making Business Excel Political Action Committee**

Mailing Address PO Box 3241

City State Zip Code  
Cheyenne WY 82003

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Making Business Excel Political Action Committee**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : EA92A4850492079DD0D**

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mark Pocan for Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Mark Pocan**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

Transaction ID : 34B5F35D687AB8103F2

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Mikulski for Senate Committee**

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name  
**Barbara A. Mikulski**

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

Transaction ID : 7187B0D1BA1270266DA

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Mikulski for Senate Committee**

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name  
**Barbara A. Mikulski**

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

Transaction ID : 7CCD207591A68B8D836

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Oceans PAC**

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

**Oceans PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : BD3AB8236C433A205F2**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Ohio Republican Party State Central & Executive Committee**

Mailing Address 211 S. Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Ohio Republican Party State Central & Executive Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : 3023C174577E7311813**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Peters for Michigan**

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Gary C. Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: MI District:

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

**Transaction ID : 5AA51E0A7150F4AB2E8**

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Progressive Choices PAC**

Mailing Address PO Box 58

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Progressive Choices PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : 87E363C3BEFF6159CCC**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Ron Barber for Congress**

Mailing Address PO Box 57715

City State Zip Code  
Tucson AZ 85732

Purpose of Disbursement  
2014 General

011

Candidate Name

**Ron Barber**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : 89C16F10ED62BA0305B**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Team Graham Inc**

Mailing Address PO Box 1801

City State Zip Code  
Columbia SC 29202

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lindsey O. Graham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: SC District:

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : A64727650426D5C3526**

Amount of Each Disbursement this Period

2500.00

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

8000.00

**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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## A. Texans for Senator John Cornyn Inc

Date of Disbursement

Mailing Address PO Box 13026

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

City Austin State TX Zip Code 78711

**Transaction ID : 5ADDD4BA87EFEAC8A4C**

Purpose of Disbursement  
2014 General

011

Amount of Each Disbursement this Period

Candidate Name

**John Cornyn III**

Category/  
Type

2500.00
---------

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: TX District:

Full Name (Last, First, Middle Initial)

## B. Three Rivers Political Action Committee

Date of Disbursement

Mailing Address 3321 SE 20th Ave

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

City Portland State OR Zip Code 97202

**Transaction ID : 9D97A6D7DE6890D3FD6**

Purpose of Disbursement  
2014 Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**Three Rivers Political Action Committee**

Category/  
Type

2000.00
---------

Office Sought:  House  Senate  President

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

State: District:

Full Name (Last, First, Middle Initial)

## C. Walden for Congress

Date of Disbursement

Mailing Address PO Box 1091

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

City Hood River State OR Zip Code 97031-0037

**Transaction ID : 87F317D23FF0C3ABB79**

Purpose of Disbursement  
2014 General

011

Amount of Each Disbursement this Period

Candidate Name

**Gregory P. Walden**

Category/  
Type

3000.00
---------

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: OR District: 02

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

7500.00
---------

**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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. Wenstrup for Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement  
2014 General

011

Candidate Name

**Brad Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : 2875AAE5E4BB1C42DB8

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. Whitfield for Congress Committee

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
2014 General

011

Candidate Name

**Edward Whitfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2014

Transaction ID : 69B7FFD54827AC6898D

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

6000.00

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

70500.00