

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

FEB 2 2 02 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

000173153	120397	F 324
<del>MARK KATZARLICK FINANCE</del>		
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGAT		
222 S PROSPECT AVENUE		
C/O FINANCE DEPT		
PARK RIDGE		
IL 60068		
2. FEC IDENTIFICATION NUMBER 000173153		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

### Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7-1-97</u> through <u>12-31-97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 128607.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 283675.00	
(c) Total Receipts (from Line 10)	\$ 123482.16	\$ 497646.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 407157.16	\$ 626253.08
7. Total Disbursements (from Line 30)	\$ 146599.16	\$ 365695.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 260558.00	\$ 260558.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
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: Finance Director WILLIAM E YEO		Date
Signature of Treasurer: Finance Director <i>William E. Yeo</i>		1-27-98

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

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FEC FORM 3X  
(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE AANA Separate Segregated Fund aka CRNA-PAC		REPORT COVERING PERIOD FROM 7-1-97 TO: 12-31-97	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		14884.50	39897.00
i. Itemized (use Schedule A)		108277.45	455642.78
ii. Unitemized		123161.95	495539.78
iii. Total (add i and ii) >			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		123161.95	495539.78
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			1000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			500.00
17. Other Federal Receipts (Dividends, Interest, etc.) INTEREST		320.21	606.25
18. Transfers from Nonfederal Accounts for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		123482.16	497646.03
20. Total Federal Receipts (subtract line 18 from line 19) >		123482.16	497646.03
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		53614.64	114116.15
b. Other Federal Operating Expenditures		53614.64	114116.15
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees		92984.52	245558.08
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			6020.85
29. Other Disbursements		146599.16	365695.08
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		146599.16	365695.08
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		123161.95	495539.78
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		123161.95	495539.78
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		53614.64	114116.15
36. Offsets to Operating Expenditures (from line 15)			1000.00
37. Net Operating Expenditures (subtract line 36 from 35) >		53614.64	113116.15

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

**NAME OF COMMITTEE (In Full)**

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA- IAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs P Gunn 3315 Craigo Avenue El Paso, TX 79904-1003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-Employed	9/10/97	200.00
	Occupation CRNA Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code John E Docter 1750 Mirro Drive Manitowoc WI 54220-6712 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer St Luke's Hospital	10/10/97	300.00
	Occupation CRNA Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code Lisa C Dugan 77 Dugan Lane Troy, MO 63379-9606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	7/23/97	25.00
	Occupation CRNA	7/31/97	150.00
		11/04/97	100.00
	Aggregate Year-to-Date > \$ 450.00		
D. Full Name, Mailing Address and ZIP Code Edward N White 7779 Genesee Road Springville NY 14141-9744 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer University of Buffalo	9/12/97	250.00
	Occupation CRNA Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Ross M Verbisky 2830 Lempp Avenue St Louis MO 63118-1714 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Washington University School of Medicine	8/28/97	250.00
	Occupation CRNA Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Joseph A Adamski 467 Windy Knoll Drive Brasstown NC 28902 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rush Medical Center	8/28/97	150.00
	Occupation CRNA	10/21/97	130.00
Aggregate Year-to-Date > \$ 280.00			
G. Full Name, Mailing Address and ZIP Code Rosalind A Hensor 1500 Horseshoe Circle Virginia Beach VA 23451 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Beach General Hospital	11/20/97	200.00
	Occupation CRNA Aggregate Year-to-Date > \$ 200.00		

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

1,755.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 19

FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick R Van Wagoner 520 S Gooseneast Drive Payson UT 84651-3034	Self-Employed	7/2/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date >	\$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gene Renger 9527 Winsome Lane Houston, TX 77063-3829	Self-Employed	10/16/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date >	\$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Rowe 513 Berkley Street Uniondale NY 11553-2321	Nessett County Medical Center	7/17/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date >	\$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Therese A Bugaj 1174 Oak Knoll Drive Lake Forest, IL 60045-3648	Self-Employed	10/16/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date >	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Hill 1302 Terryandrae Avenue Sheboygan WI 53081-9440	American Anesthesia	7/17/97 8/22/97 9/30/97	100.00 50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date >	\$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia L Kuykendall 22 Preston Oaks Circle Odessa TX 79761	West Texas Anesthesia	8/1/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date >	\$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M Sheila Lenk Ayres 95 Meade Road Fairfax VT 05454-9642	SELF-Employed	8/12/97 10/28/97	150.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA		
	Aggregate Year-to-Date >	\$ 400.00	

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

1,700.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER **11a1**

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence K Beck 321 Falles Court Madison, WI 53705-5012	Dean Medical Center	10/6/97	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kimili A Barnard 5005 Churchill Court Arlington TX 76017-3452	Harris Methodist Hosp.	8/28/97	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	8/28/97	112.50
Aggregate Year-to-Date > \$ 300.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald J Gay 1901 West 14th Street Houston, TX 77008-3409	Columbia Bay Shore Hosp	7/24/97	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy L McGee 2100 Payne Road Ellensburg WA 98926	Self-Employed	7/10/97	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	9/18/97	100.00
Aggregate Year-to-Date > \$ 200.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Horsfall 31646 Electric Blvd Avon Lake OH 44012	Cleveland Clinic	7/30/97	370.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 370.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Heidi A Reed PO Box 314 Adams Center NY 13606	J.A.P.	7/31/97	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	8/22/97	150.00
Aggregate Year-to-Date > \$ 300.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shewana Workman PO Box 13 Lochgelly, WV 25866	West Virginia CRNA Assocs.	7/10/97	112.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	8/27/97	112.50
Aggregate Year-to-Date > \$ 262.50			

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

1,807.50

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE

SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Newton R Disney 1909 West Omar Drive Tucson AZ 85704	Northern Choicise Hosp	8/7/97	112.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 262.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Morgan 125 Emerson Hough Drive Newton, IA 50208-2834	Skitts Medical Ctr	8/1/97	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 230.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Helen Notopoulos 944 Belaire Lane York, PA 17404-2210	York Hospital	7/16/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Wrobel Rd 2 Box 2924 Factoryville PA 18419-9363	Community Med Ctr	9/12/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Virginia Shaw Scherler 5573 Eisenhower Drive Lawton, OK 73505-5826	Self-Employed	8/7/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charlotte Winzenburg 590 S Sherman Street Denver CO 80209-4029	Self-Employed	9/12/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Royce Jones 1501 Saint Andrews Clovis, NM 88101-3087	Self-Employed	10/29/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	

592.50

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE A**

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lorraine McCarthy PO Box 27 Alliance NE 69301-0027	Butts-Butte General Hospital	10/15/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brenda McFaddin 11785 Rte 99 Marriottsville MD 21104	Children's Hospital	8/13/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Adelbert R Brigham PO Box 21 Mount Pleasant TX 75456-0021	Libran Hospital	8/25/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leo LeBel 27 Rolling Brook Lane Huntington CT 06484-5760	Bridgeport Hospital	11/17/97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sandra Ark 5165 Winterhill Court Tipp City OH 45371-9439	Self-Employed	8/20/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Catherine Brennan 114 Red Fox Place Media PA 19063-1180	Fitzgerald Mercy Hosp	11/20/97	112.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$262.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patricia Durkin 437 Valley View Drive Hanover PA 17331-9313	Hanover Hospital	8/13/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	437.50
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bobble Douglas 139 Wedgewood Drive Easley SC 29640-1459	Greenville Ambulatory Anesthesia	9/12/97	50.00
	Occupation: CRNA	11/6/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code Donald Ott 1800 N 4th Street #11 Lakeview OR 97630	Name of Employer Our Lady of Lourdes Hospital	Date (month, day, year) 8/8/97	Amount of Each Receipt this Period 100.00
	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Sherry Reese Rt 2 Plainview TX 79072-9802	Name of Employer Plainview Hospital	Date (month, day, year) 11/25/97	Amount of Each Receipt this Period 50.00
	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Sandra Erickson 5 Ebbtide Court Sacramento CA 95831-2406	Name of Employer U of CA, Dept of Anest	Date (month, day, year) 10/23/97	Amount of Each Receipt this Period 100.00
	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Charles Clark III 7413 LeConte Drive El Paso TX 79912-7129	Name of Employer Sierra Medical Ctr	Date (month, day, year) 12/15/97	Amount of Each Receipt this Period 100.00
	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code James Claffey 605 Roseland Drive Howell MI 48843-1753	Name of Employer St Joseph/Mercy Hosp	Date (month, day, year) 11/6/97	Amount of Each Receipt this Period 100.00
	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Susan Jaros 8408 Old Moss Road Dallas TX 75231-1611	Name of Employer Plastic Surgery Group	Date (month, day, year) 8/21/97	Amount of Each Receipt this Period 50.00
	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 19  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jo Marlene Stern 3832 Henley Drive Pittsburgh PA 15235-5041	Self-Employed  Occupation CRNA	8/4/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code.  Winifred Schweiger 110 N Club View Drive Ypsilanti MI 48197	University of MI  Occupation CRNA	8/12/97 10/2/97	74.50 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code  Michael Harper 4957 County Road 150 Dawson AL 35963-9801	Gadsden Regional Med Center  Occupation CRNA	8/7/97 9/30/97	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code  Thomas G Healey 180 Leaf Street Long Lake MN 55356-9749	Abbott Northwestern Hospital  Occupation CRNA	8/7/97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 475.00	
E. Full Name, Mailing Address and ZIP Code  Patricia Bennett 1023 Oak Knoll Drive Harrisburg PA 17111	Harrisburg Hospital  Occupation CRNA	8/29/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code  Jeannean J Heller 235 Forest Trail Argyle TX 76226	Self-Employed  Occupation CRNA	10/30/97	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 330.00	
G. Full Name, Mailing Address and ZIP Code  Daniel Meredith 140 Queens Road Athens GA 30606	Athens Regional Hosp  Occupation CRNA	10/17/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 200.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 529.50

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 19

FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sally Fitch 1524 Black Walnut Court Naperville IL 60565-5203	Self-Employed	10/23/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mriana Williams 14512 NE 42nd Place #502N Bellevue, WA 98007-3101	Group Health	8/28/97	112.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 262.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ellen Kerr 2703 Heathfield Road Bloomfield MI 48301-3414	Sinai Surgery Center	10/29/97	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 230.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Philip Zawarski 1401 Arch Street Shamokin PA 17872-1704	Self-Employed	6/16/97 7/10/97	75.00 37.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 217.50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dan Breckenridge 950 N Graham Memphis TN 38122-2402	St. Francis Hospital	10/21/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas J Evans 41 Probst Drive Shirley NY 11967-3318	Self-Employed	8/14/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeanette Peter 1576 Via Zurita Palos Verdes Estates CA 90274-1932	County Hospital	9/29/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 450.00	

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

605.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Flood 11001 Alhambra Leawood KS 66211-1439	St Joseph Anest Svc	7/2/97 10/28/97	37.50 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Bailey 40369 Loro Place Fremont CA 94539-3033	Kaiser Permanente	8/5/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilson Henry Wessells Jr 5709 Pleasant Hill Ln Ft Collins CO 80526	USAF	8/13/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Brown Jr PO Box 14 Mt Sterling KY 40353	Mary Chiles Hospital	8/8/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martha Richter 1333 Cambridge Court Palmyra PA 17078	Self-Employed	9/15/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nan L Ward 6 Elan Lane Wayne PA 19087	Self-Employed	7/22/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Wright 8800 Regent Lane Knoxville TN 37923	Self-Employed	9/26/97	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 280.00	

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

717.50

TOTAL This Period (last page use line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Lyons 8601 Palermo St Jamaica NY 11423-1219	NY Downtown Hospital  Occupation CRNA	11/3/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laura Vitek 8211 Bellaire Blvd Houston TX 77036	Medical Center Anest Assoc  Occupation CRNS	9/30/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Layton 1320 Johns Creek Rd Wilmington NC 28409	Wilmington Surgicare  Occupation CRNA	8/21/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Maule 4484 Persimmon St Evans GA 30809	West Side Anesthesia  Occupation CRNA	7/23/97 9/12/97	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arlis Deaton PO BOX 745 Pennington Gap VA 24277-2544	Lee County Community Hospital  Occupation CRNA	7/9/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry S McMillan 1720 S Hillside Rd Hillsdale MI 49242	Self-Employed  Occupation CRNA	11/14/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Devaney PO Box 1078 Evanston WY 82931	Self-Employed  Occupation CRNA	7/16/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dick Belborn RR 001 Box 326 S Prairie Du Chien WI 53821	Memorial Hospital	9/15/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Stephens 13078 Oak Crest Drive Yucaipa CA 92399	Self-Employed	9/22/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet MacDougall 3600 N Lake Shore Drive #1801 Chicago IL 60613-4650	University of Chicago Hospitals	7/25/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Huggitt 11 Quail Run Midland TX 79707	West Texas Anesthesia	7/28/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ivan Schlichting 928 E Oklahoma Avenue Grand Island NE 68801	Self-Employed	7/28/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dwight Williams 9102 Tweed Berwick Dr Austin TX 78750	Self-Employed	7/11/97	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	10/21/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorene Zuelke 3412 Forest Drive Cheyenne WY 82001	United Medical Ctr	7/31/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	11/4/97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 325.00		

750.00

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Thomas 144 Sanzen Drive Clovis NM 88101	Self-Employed Occupation CRNA	9/12/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Peters PO Box 715 Llano TX 78643	Llano Memorial Hosp. and Hill Country Anest Occupation CRNA	7/29/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Might 408 Greenbrier Lane Bedford TX 76021-2113	All Saints Episcopal Hospital Occupation CRNA	10/1/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tommy Duncan HC 69 Box 91 Terral OK 73569	Mecona General Hosp Occupation CRNA	8/29/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery Herman 300 West 38th Hays KS 67601	Western Plains Anest. Occupation CRNA	8/12/97 9/12/97	75.00 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Dugnette 434 Newcomb Rd North Kingstown RI 02852	Self-Employed Occupation CRNA	8/14/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Lewis 5125 Camino De Arena Sierra Vista AZ 85635	Self-Employed Occupation CRNA	8/13/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Meek PO Box 235 Manti UT 84642	San Pete Valley Hosp	7/22/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randy McGinnis 9502 Castlewood Austin TX 78748	Self-Employed	8/6/97	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Hatcher 258 Santa Monica Way Santa Barbara CA 93109	Self-Employed	10/30/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Yarbrough 205 Holly Drive Hammond LA 70401	North Oaka System	8/22/97 10/20/97	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Wells 203 Longpoint Way Simpsonville SC 29681	Greenville Memorial Med Ctr	7/10/97 8/27/97	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Wick 2421 Old Creek Road Montgomery AL 36117	Baptist Medical Center	10/2/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Morenz 10735 Orange Park Blvd Orange CA 92869	Self-Employed	7/12/97	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CRNA	Aggregate Year-to-Date > \$ 325.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 650.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Winget 219 Block House Rd Greenville SC 29615	Greenville Hosp Systems	10/17/97	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 255.00	
Susan Mooney 208 Greenbriar Ln Bedford TX 76021	Self-Employed	7/31/97 11/6/97	75.00 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 300.00	
Jan Stewart 2608 2nd Avenue #178 Seattle WA 98121	Self-Employed	8/29/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
Michael Zawacki 2180B Cumberland Dr Northville MI 48167	Self-Employed	10/6/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
Robert Gratz Straub Clinic & Hosp/Anest Dept 888 S King Street, Honolulu HI 96813	Straub Clinic & Hosp	10/23/97	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 430.00	
Martin Lynch 8456 Thoroughbred St Rancho Cucamonga CA 91701	Self-Employed	9/8/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
Paul Santoro 2290 Stonington Ln Rochester MI 48306	Harbor Beach Community Hosp	8/4/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 300.00	
<b>SUBTOTAL of Receipts This Page (optional)</b>			710.00
<b>TOTAL This Period (last page this line number only)</b>			



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 15 OF 19

FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND ARA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garalynn Tomas 32540 Oakhurst Dr North Ridgeville OH 44039-2374	The Oberlin Clinic Inc	7/10/97	50.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code Sharon Berry-Garrison 221 Oide Springs Rd Columbia SC 29223	Richland Memorial Hosp	9/12/97 12/3/97	50.00 50.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code Karen McMahon Morrow 1810 High Point Rd Forest Hill MD 21050	Union Memorial	9/12/97	50.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code Sharon Hawks 2600 Cloister Drive Charlotte NC 28211	Carolinas Med Ctr	7/9/97 7/16/97 8/12/97	25.00 75.00 25.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code Michael Myers 14914 67th St NE Grafton ND 58237	Self-Employed	8/12/97 9/10/97	75.00 50.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.50		
F. Full Name, Mailing Address and ZIP Code Sue Holland 4618 94th Street Lubbock TX 79424	Self-Employed	8/29/97	50.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		
G. Full Name, Mailing Address and ZIP Code Dianne Swallows 1045 Kingsway Ln Tarpon Springs FL 34689	Self-employed	7/23/97	80.00
	Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 230.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 580.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**  
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Swallows 1045 Kingway Ln Tarpon Springs FL 34689	Self-Employed Occupation CRNA	7/23/97	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 230.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Poaster 21627 SE 8th St Redmond WA 98053	Self-Employed Occupation CRNA	9/25/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wendell Spencer RR1 Box 8E O'Neill NE 68763	St. Vincent's Hospital Occupation CRNA	8/1/97	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 480.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kris Ciesliga 9967 White Pine Court Clarkston MI 48348	Self-Employed Occupation CRNA	8/27/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Crowell 11242 Ferndale Dallas TX 75238	Self-Employed Occupation CRNA	10/29/97 12/3/97	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Celeste Villaneuva 1776 Sacramento Street #510 San Francisco CA 94109	Kaiser Permanente Occupation CRNA	8/7/97	137.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Hood 9226 Elm Tree Circle Tyler TX 75703	East Texas Med Ctr Occupation CRNA	8/12/97 9/30/97	75.00 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	647.50
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Higgins 304 Louise Dr Corpus Christi TX 78404	Spohn Memorial Medical Ctr Occupation CRNA	7/16/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Woods PO Box 4011 Wise VA 24293	Self-Employed Occupation CRNA	8/25/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Smith 148 Portsmouth Ave Vacaville CA 95687	Spectrum Occupation CRNA	7/23/97 8/22/97	75.00 37.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$225.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Armstrong 2848 Kingsbury Dr Rocky River OH 44116	Westgate Med Anest. Group Occupation CRNA	7/23/97	55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 205.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Klaire Patterson 24034 Briardale Way Santa Clarita CA 91321	Self-Employed Occupation CRNA	9/15/97	105.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 255.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Palmer PO Box 132302 Big Bear Lake CA 92315	Bear Valley Community Hospital Occupation CRNA	10/3/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Unthank 19146 W Outer Dr Dearborn MI 48128	Harper Hospital Occupation CRNA	8/27/97	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 330.00		

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

552.50

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 18 OF 19  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy P Kostura 3026 Tree Top Lane SW Roanoke VA 24018	Self-Employed	8/1/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rebecca Yatsu 6417 Williams Ridge Austin TX 78731	Self-Employed	10/1/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Peirano 2386 Lake Meadow Circle Martinez CA 94553	Permanente Medical Group	8/21/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kimberly Harber 595 Sandalwood Ct Canton MI 48188	Self-Employed	7/23/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Flynn-Cook 2700 Turner Grove Drive South Greensboro NC 27455	Memorial Hospital	7/25/97	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 220.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Johnson 3309 E 38th Street Sioux Falls SD 57103	Self-Employed	9/18/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Bester 18319 Cranberry Ridge Ln Chagrin Falls OH 44023	University Hospitals	8/13/97	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 230.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 19 OF 19  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Cassidy 36 5th Artillery Road Fort Leavenworth KS 66027-1177	Self-Employed	8/7/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Neff 515 Keech Street Ann Arbor MI 48103	St Joseph's Hospital	8/27/97	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CRNA	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

**SUBTOTAL of Receipts This Page (optional)** ..... 100.00  
**TOTAL This Period (last page this line number only)** ..... 14,884.50

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zurich Money Market Fund 811 Main Street Kansas City, MO 64105-2005		7/25/97	50.49
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$ 336.53	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zurich Money Market Fund address above		8/25/97	51.87
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$ 388.40	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zurich Money Market Fund address above		9/25/97	52.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$ 440.40	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zurich Money Market Fund address above		10/25/97	48.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$ 489.12	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zurich Money Market Fund address above		11/25/97	54.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$ 543.28	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Zurich Money Market Fund address above		12/31/97	62.97
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Occupation	Aggregate Year-to-Date > \$ 606.25	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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

320.21

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

320.21

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 21B

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**NAME OF COMMITTEE (in Full)**  
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D.C. Postmaster 900 Brantwood Road, NE Washington, DC 20066	newsletter postage costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	07/07/97	2,125.00
Cassidy Design 1503 Connecticut Avenue, NW Washington, DC 20036	newsletter payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	07/16/97	2,403.46
AAHA 222 S. Prospect Park Ridge, IL 60068	ADMINISTRATIVE PAYMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	07/18/97	4,436.00
Membership Marketing Services 1280 Perimeter Parkway Virginia Beach, VA 23454	payment on telemarketing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	08/19/97	10,000.00
Membership Marketing Services 1280 Perimeter Parkway Virginia Beach, VA 23454	Final Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	10/16/97	31,277.13
Membership Marketing Services 1280 Perimeter Parkway Virginia Beach, VA 23454	payment on telemarketing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	12/10/97	3,065.46
Typographics Plus 542 Busse Highway Park Ridge, IL 60068	Redesign of PAC logo Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	9/5/97	165.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....			53,472.05
<b>TOTAL</b> This Period (last page this line number only) .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NBD Bank Merchant Bankcard Six Fountain Square Plaza Elgin, IL 60120	credit card processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	7/31/97	\$ 61.38
B. Full Name, Mailing Address and ZIP Code NBD Bank Merchant Bankcard address above	credit card processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	8/31/97	32.32
C. Full Name, Mailing Address and ZIP Code NBD Bank Merchant Bankcard address above	credit card processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	9/30/97	5.55
D. Full Name, Mailing Address and ZIP Code NBD Bank Merchant Bankcard address above	credit card processing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	10/31/97	27.89
E. Full Name, Mailing Address and ZIP Code NBD Bank Merchant Bankcard address above	credit card processing fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	11/30/97	15.25
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	142.59
TOTAL This Period (last page this line number only)	53,614.64



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ensign for Congress 1920 N. Wayne Street Suite 206 Arlington, VA 22201	John Ensign, U.S. HOUSE 1st NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	07/18/97	500.00
John Spratt for Congress P.O. Box 2884 Washington, DC 20013	John M. Spratt, U.S. HOUSE 5th SC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	07/18/97	500.00
Solomon for Congress 6126 11th Road, N. Arlington, VA 22205	Gerald B.H. Solomon, U.S. HOUSE 22nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	07/18/97	500.00
Friends of Roger Wicker 1031 South 18th Street Arlington, VA 22202	Roger Wicker, U.S. HOUSE 1st MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	07/18/97	1,000.00
Castle Campaign Fund P.O. Box 133 Wilmington, NE 68499	Michael W. Castle, U.S. HOUSE AL DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	07/18/97	500.00
North Dakota Democratic Party 420 C Street, NE Lower Level Washington, DC 20002	North Dakota Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	07/25/97	50.00
ARNA 272 S. Prospect Park Ridge, IL 60068	golf tournament stuff Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	07/25/97	175.50 (In-Kind)
Dave Camp for Congress Committee 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	golf tournament stuff Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	07/25/97	175.50 (None In-Kind)
Friends of Kent Conrad P.O. Box 812 Bismark, ND 58501	Kent Conrad, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 00	07/28/97	1,000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... **4,225.50**

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Neal for Congress P.O. Box 2884 Washington, DC 20013	Richard E. Neal, U.S. HOUSE 2nd MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	07/28/97	500.00
B. Full Name, Mailing Address and ZIP Code Barton for Congress P.O. Box 1444 Ennis, TX 75120	Purpose of Disbursement Joe L. Barton, U.S. HOUSE 6th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/18/97	500.00
C. Full Name, Mailing Address and ZIP Code Thurman for Congress 3610 38th Street, NW Suite F 270 Washington, DC 20016	Purpose of Disbursement Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/18/97	-500.00
D. Full Name, Mailing Address and ZIP Code Thurman for Congress 3610 38th Street, NW Suite F 270 Washington, DC 20016	Purpose of Disbursement Karen L. THURMAN, U.S. HOUSE 5th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/18/97	500.00
E. Full Name, Mailing Address and ZIP Code A Lot of People Supporting Tom 424 C Street NE 1st floor Washington, DC 20002	Purpose of Disbursement Tom Daschle, U.S. SENATE SD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 U	08/19/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Rick Hoffman 2122 Erickman Lane Ionia, OH 45385	Purpose of Disbursement in-kind food payment for Hobson Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/19/97	330.91 (In-Kind)
G. Full Name, Mailing Address and ZIP Code Hobson for Congress 82 West Columbia Street Springfield, OH 45502	Purpose of Disbursement in-kind food payment for Hobson Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/19/97	330.91 (Minus In-Kind)
H. Full Name, Mailing Address and ZIP Code Barton for Congress P.O. Box 1444 Ennis, TX 75120	Purpose of Disbursement Joe L. Barton, U.S. HOUSE 6th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/21/97	500.00
I. Full Name, Mailing Address and ZIP Code Dianna DeGette for Congress P.O. Box 75214 Washington, DC 20013-5214	Purpose of Disbursement Dianna DeGette, U.S. HOUSE 1st CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/21/97	500.00

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

3,330.91

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	Jim Mussle, U.S. HOUSE 2nd IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/21/97	500.00
B. Full Name, Mailing Address and ZIP Code CPC-PAC P.O. Box 22614 Alexandria, VA 22304	Committee for the Preservation of Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	08/21/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Jim Rogan for Congress P.O. Box 16021 Alexandria, VA 22302	James E. Rogan, U.S. HOUSE 27th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/21/97	500.00
D. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. Box 499 Evans, GA 30809	Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/21/97	500.00
E. Full Name, Mailing Address and ZIP Code Condit for Congress 44 Canal Center Plaza Alexandria, VA 22314	Gary Condit, U.S. HOUSE 18th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/21/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/21/97	500.00
G. Full Name, Mailing Address and ZIP Code Schaefer to Congress P.O. Box 1654 Englewood, CO 80150	Dan Schaefer, U.S. HOUSE 6th CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/21/97	1,000.00
H. Full Name, Mailing Address and ZIP Code Citizens for Dave Obey P.O. Box 75214 Washington, DC 20013-5214	David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/21/97	500.00
I. Full Name, Mailing Address and ZIP Code Tom Sawyer for Congress 1540 West Market Street Akron, OH 44313	Tom Sawyer, U.S. HOUSE 14th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	08/22/97	500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	6,000.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**  
 AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign 430 South Capitol Street, SE Washington, DC 20003	DECC membership increase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	08/26/97	10,000.00
Committee to Re-Elect Nancy 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/02/97	1,500.00
Friends of Kent Conrad P.O. Box 812 Bismark, ND 58501	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 00	09/04/97	-1,000.00
Tom Delay Congressional Committee 10707 Corporate drive Suite 130 Stafford, TX 77477	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/04/97	-1,000.00
Friends of Kent Conrad P.O. Box 812 Bismark, ND 58501	Kent Conrad, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 00	09/04/97	1,000.00
Xavier Becerra for Congress P.O. Box 75214 Washington, DC 20013	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/08/97	500.00
Blue Dog PAC 44 Canal Center Plaza Suite 400 Alexandria, VA 22314	Blue Dog PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	09/08/97	500.00
Bill Jenkins for Congress 107 East Main Street Suite 321 Rogersville, TN 37857	Bill Jenkins, U.S. HOUSE 1st TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/09/97	500.00
Ellen O. Tauscher for Congress 5611 Highland Road Pleasanton, CA 94588	Ellen O. Tauscher, U.S. HOUSE 10th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/10/97	1,000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	13,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 13  
FOR LINE NUMBER 13

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gene Green Congressional Campaign P.O. Box 75214 Washington, DC 20013-5214	Gene Green, U.S. HOUSE 29th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/10/97	500.00
People for Ganske Committee 4010 Franconia Road Alexandria, VA 22310-2136	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/10/97	500.00
Hall for Congress 1560 Wilson Boulevard Suite 902 Arlington, VA 22209	Ralph M. Hall, U.S. HOUSE 4th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/10/97	500.00
Kay Granger for Congress P.O. Box 24006 Fort Worth, TX	Kay Granger, U.S. HOUSE R-12 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/10/97	1,000.00
Watts for Congress P.O. Box 6545 Norman, OK 73070	J.C. Watts, U.S. HOUSE 4th OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/10/97	500.00
Becerra for Congress P.O. Box 75214 Washington, DC 20013	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/10/97	500.00
1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	In-kind contribution for Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/10/97	177.40 (In-Kind)
Horward for Congress P.O. Box 499 Evans, GA 30809	In-kind contribution for Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/10/97	177.40 (Memo In-Kind)
National Republican Senatorial 425 Second Street, NE Washington, DC 20002	1997 Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	09/23/97	7,500.00

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

11,177.40

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ron Kind for Congress 219 Pearl Street LaCrosse, WI 54602-0184	Ron Kind, U.S. HOUSE 3rd WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/22/97	500.00
John Tanner for Congress P.O. Box 1992 Union City, TN 38261	John Tanner, U.S. HOUSE 8th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/22/97	500.00
Opton for All of Us P.O. Box 490 St. Joseph, MI 49085	Fred Upton, U.S. HOUSE 6th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/22/97	500.00
Hobson for Congress 82 West Columbia Street Springfield, OH 45502	David L. Hobson, U.S. HOUSE 7th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/22/97	500.00
A lot of People Supporting Tom 424 C Street NE 1st floor Washington, DC 20002	Tom Daschle, U.S. SENATE SD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 U	09/23/97	2,000.00
Hoosiers for Tim Roemer P. O. Box 4400 South Bend, IN 46634	Tim Roemer, U.S. HOUSE 3rd IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/23/97	500.00
1001 Restaurant Corporation 5105 Barwyn Road Suite 101 College Park, MD 20740	In Kind for Tim Roemer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/23/97	148.86 (In-Kind)
Hoosiers for Tim Roemer P. O. Box 4400 South Bend, IN 46634	In Kind for Tim Roemer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/23/97	148.86 (Memo In-Kind)
1001 Restaurant Corporation 5105 Barwyn Road Suite 101 College Park, MD 20740	In kind for Ron Klink Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/23/97	148.86 (In-Kind)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4,797.72
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement In kind for Ron Klink	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Ron Klink 14 Renfer Street Pittsburgh, PA 15644	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	09/23/97	148.86 (Memo In-Kind)
B. Full Name, Mailing Address and ZIP Code Citizens for Ron Klink 14 Renfer Street Pittsburgh, PA 15644	Purpose of Disbursement Ron Klink, U.S. HOUSE 4th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 09/23/97	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich 1885 Holcomb Bridge Road #190A Roswell, GA 30076	Purpose of Disbursement Newt Gingrich, U.S. HOUSE 6th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 09/24/97	Amount of Each Disbursement This Period 2,500.00
D. Full Name, Mailing Address and ZIP Code Eoyer for Congress 7995 Malcolm Road Clinton, MD 20735	Purpose of Disbursement Steny H. Eoyer, U.S. HOUSE 5th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 09/26/97	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code AKNPAC/Delay Leadership PAC 117 2nd Street, NE Suite 2 Washington, DC 20002	Purpose of Disbursement Delay PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	Date (month, day, year) 10/01/97	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Freedom Project P.O. Box 507 Wt Chester, OH 45071	Purpose of Disbursement Freedom Project Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	Date (month, day, year) 10/01/97	Amount of Each Disbursement This Period 2,500.00
G. Full Name, Mailing Address and ZIP Code Friends of Sherwood Boehlert Box C Utica, NY 13503	Purpose of Disbursement Sherwood Boehlert, U.S. HOUSE 23rd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 10/01/97	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Committee to Re-Elect P.O. Box 625 Ridgewood, NJ 07451	Purpose of Disbursement Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 10/01/97	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Ed Pease for Congress P.O. Box 16021 Alexandria, VA 22302	Purpose of Disbursement Ed Pease, U.S. HOUSE 7th IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	Date (month, day, year) 10/01/97	Amount of Each Disbursement This Period 500.00

<b>SUBTOTAL of Disbursements This Page (optional)</b>	<b>8,500.00</b>
<b>TOTAL This Period (last page this line number only)</b>	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Whitfield for Congress P.O. Box 391 Hopkinsville, KY 42241	Edward Whitfield, U.S. HOUSE 1st KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/01/97	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Bob Graham P.O. Box 391 Tallahassee, FL 32302	Bob Graham, U.S. SENATE FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/01/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Senator D'Amato 425 Second Street, NE Washington, DC 20002	Alfonse N. D'Amato, U.S. SENATE NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 U	10/01/97	1,000.00
D. Full Name, Mailing Address and ZIP Code The WISH List 3205 N Street, NW Washington, DC 20007	The WISH List/Women in the Senate and Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	10/06/97	1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Newt Gingrich 1085 Holcomb Bridge Road #190A Roswell, GA 30076	Newt Gingrich, U.S. HOUSE 6th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/06/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Ensign for Congress 1320 N. Wayne Street Suite 206 Arlington, VA 22201	John Ensign, U.S. HOUSE 1st NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/15/97	1,000.00
G. Full Name, Mailing Address and ZIP Code Thornberry for Congress 701 South Taylor Suite 320 Amarillo, TX 79109	William M. "Mac" Thornberry, U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/15/97	500.00
H. Full Name, Mailing Address and ZIP Code Thornberry for Congress 701 South Taylor Suite 320 Amarillo, TX 79109	William M. "Mac" Thornberry, U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/16/97	500.00
I. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns P.O. Box 308 Silver Spring, MD 34489	Cliff Stearns, U.S. HOUSE 6th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/16/97	500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... **7,000.00**

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND AKA CRNA-PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vermont Republican Party P.O. Box 70 Montpelier, VT 05601	Annual Fall Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	10/20/97	1,000.00
Stenholm for Congress P.O. Box 5879 Abilene, TX 79707	Charles W. Stenholm, U.S. HOUSE 17th TX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/20/97	500.00
Sue Kelly for Congress 2555 Pennsylvania Avenue, NW Suite 802 Washington, DC 20037	Sue W. Kelly, U.S. HOUSE 19th NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/21/97	1,000.00
Ensign for Congress 1320 N. Wayne Street Suite 206 Arlington, VA 22201	John Ensign, U.S. HOUSE 1st NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/21/97	500.00
Lasio for Congress P.O. Box 5063 Bay Shore, NY 11706	Rick A. Lasio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/21/97	1,000.00
South Dakota Democratic Party 405 South 3rd Ave. P.O. Box 737 Sioux Falls, SD 57101	South Dakota Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	10/24/97	2,000.00
Missourians for Kit Bond 507 Capitol Court, NE, #100 Washington, DC 20002	Christopher S. Bond, U.S. SENATE MO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 U	10/28/97	1,000.00
Friends of Jennifer Dunn P.O. Box 40110 Bellvue, WA 98015	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/28/97	500.00
In-kind contrib. for Henry Bonilla 1001 Restaurant Corporation 5105 Berwyn Road Suite 101 College Park, MD 20740	In-kind contrib. for Henry Bonilla Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/28/97	123.34 (In-Kind)

**SUBTOTAL of Disbursements This Page (optional) .....** **7,623.34**

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	In-kind contrib. for Henry Bonilla Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/28/97	123.34 (Memo In-Kind)
B. Full Name, Mailing Address and ZIP Code 1001 Restaurant Corporation 5105 Sarwyn Road Suite 101 College Park, MD 20740	In-kind contrib. for Henry Bonilla Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/29/97	29.65 (In-Kind)
C. Full Name, Mailing Address and ZIP Code Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	In-kind contrib. for Henry Bonilla Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/29/97	29.65 (Memo In-Kind)
D. Full Name, Mailing Address and ZIP Code Texas for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/29/97	500.00
E. Full Name, Mailing Address and ZIP Code Ruben Hinojosa for Congress 1404 South Illinois Marcedes, TX 78570	Ruben Hinojosa, U.S. HOUSE 15th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	10/30/97	500.00
F. Full Name, Mailing Address and ZIP Code Nita Lowey for Congress P.O. Box 271 White Plains, NY 10605	Nita M. Lowey, U.S. HOUSE 18th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/04/97	500.00
G. Full Name, Mailing Address and ZIP Code Committee to Re-elect P.O. Box 16021 Alexandria, VA 22302	Dana Rohrabacher, U.S. HOUSE 45th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/04/97	500.00
H. Full Name, Mailing Address and ZIP Code Ben Cardin for Congress 38 Ivy Street, SE 10th Floor Washington, DC 21201	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/04/97	500.00
I. Full Name, Mailing Address and ZIP Code Thornberry for Congress 701 South Taylor Suite 320 Amarillo, TX 79109	William M. "Mac" Thornberry, U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/04/97	500.00

SUBTOTAL of Disbursements This Page (optional)

3,029.65

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
California/Nevada Victory Fund 424 C Street, NE, Flr 1 Washington, DC 20002	California/Nevada Victory Fund Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/04/97	1,000.00 (In-Kind)
B. Full Name, Mailing Address and ZIP Code Boxer for Senate P.O. Box 641751 Los Angeles, CA 90064	California/Nevada Victory Fund Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/04/97	1,000.00 (Money In-Kind)
C. Full Name, Mailing Address and ZIP Code Thornberry for Congress 701 South Taylor Suite 320 Amarillo, TX 79109	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/05/97	-500.00
D. Full Name, Mailing Address and ZIP Code Mike Pappas for U.S. Congress 3616 Route 22 West (Whitehouse) Somerville, NJ 08876	Mike Pappas, U.S. HOUSE 12th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/05/97	500.00
E. Full Name, Mailing Address and ZIP Code Ensign for Congress 1320 N. Wayne Street Suite 206 Arlington, VA 22201	John Ensign, U.S. HOUSE 1st NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/11/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Coverdell Good Government 3091 Maple Drive Suite 200 Atlanta, GA 30305	Paul Coverdell, U.S. SENATE GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/13/97	1,000.00
G. Full Name, Mailing Address and ZIP Code Jim Bunning for U.S. Senate 425 2nd Street, NE Washington, DC 20002	Jim Bunning, U.S. SENATE KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/13/97	1,000.00
H. Full Name, Mailing Address and ZIP Code Scotty Baesler for U.S. Senate 401 West Main Street Lexington, KY 40507	Scotty Baesler, U.S. SENATE KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/13/97	1,000.00
I. Full Name, Mailing Address and ZIP Code Ron Kind for Congress 219 Pearl Street LaCrosse, WI 54602-0164	Ron Kind, U.S. HOUSE 3rd WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/17/97	500.00

SUBTOTAL of Disbursements This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Leadership Council 518 C Street, NE Washington, DC 20002	Democratic Leadership Council Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 97 U	11/19/97	5,000.00
B. Full Name, Mailing Address and ZIP Code Ted Strickland for Congress 1337 Thomas Hollow Road PO Box 580 Lucasville, OH 45648	Purpose of Disbursement Ted Strickland, U.S. HOUSE 6th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/19/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Chenoweth for Congress P. O. Box 897 Boise, ID 83701	Purpose of Disbursement Helen Chenoweth, U.S. HOUSE 1st ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/21/97	500.00
D. Full Name, Mailing Address and ZIP Code Chenoweth for Congress P. O. Box 897 Boise, ID 83701	Purpose of Disbursement Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/21/97	-500.00
E. Full Name, Mailing Address and ZIP Code Chenoweth for Congress P. O. Box 897 Boise, ID 83701	Purpose of Disbursement Helen Chenoweth, U.S. HOUSE 1st ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/21/97	500.00
F. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. Box 499 Evans, GA 30809	Purpose of Disbursement Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/24/97	3,800.00
G. Full Name, Mailing Address and ZIP Code John Tierney for Congress 23 Beach Avenue Salem, MA 01970	Purpose of Disbursement John F. Tierney, U.S. HOUSE 6th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	11/25/97	500.00
H. Full Name, Mailing Address and ZIP Code Friends of Mark Foley 3517 S Street, NW Washington, DC 20007	Purpose of Disbursement Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	12/01/97	500.00
I. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 507 Capitol Court, NE, #100 Washington, DC 20002	Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 U	12/01/97	-1,000.00

SUBTOTAL of Disbursements This Page (optional)

10,300.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Misourians for Kit Bond 507 Capitol Court, NE, #100 Washington, DC 20002	Christopher S. Bond, U.S. SENATE MO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 U	12/01/97	1,000.00
Roy Blunt for Congress 4010 Franconia Road Alexandria, VA 22310-2136	Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	12/02/97	500.00
Becerra for Congress P.O. Box 75214 Washington, DC 20013	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	12/02/97	-500.00
RIPAC/P. Kennedy Leadership PAC 530 7th Street, SE Washington, DC 20003	RIPAC/P. Kennedy Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	12/10/97	2,000.00
RIPAC/P. Kennedy Leadership PAC 530 7th Street, SE Washington, DC 20003	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	12/10/97	0.00
RIPAC/P. Kennedy Leadership PAC 530 7th Street, SE Washington, DC 20003	Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	12/10/97	0.00
America Works Committee 607 14th Street, NW Suite 800 Washington, DC 20005	America Works Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98 U	12/12/97	5,000.00
Sununu for Congress 1365 Elm Street Manchester, NH 03101	John Sununu, U.S. HOUSE 1st NH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	12/12/97	500.00 (Memo Entry)
Jerry Moran for Congress 3001 S.W. Lydia Street Suite 211 Topeka, KS 66614	Jerry Moran, U.S. HOUSE 1st KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 98	12/23/97	500.00

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

8,500.00

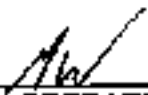
TOTAL This Period (last page this line number only) .....

92,984.52

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/28/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	2/2/98 DATE PREPARED