

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 222 South Prospect Ave c/o Finance Department Park Ridge IL 60068 4001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00173153 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Frank J Purcell

Signature of Treasurer Electronically Filed by Frank J Purcell Date 10 20 2010

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		136785.54
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	155774.50									
(c) Total Receipts (from Line 19) .....	34858.19	567222.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	190632.69	704007.81								
7. Total Disbursements (from Line 31) .....	72864.36	586239.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	117768.33	117768.33								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	11084.00	230695.65
(ii) Unitemized .....	23774.13	325776.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	34858.13	556471.82
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	34858.13	556471.82
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	10750.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.06	0.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	34858.19	567222.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34858.19	567222.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8664.36	251789.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8664.36	251789.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64200.00	333450.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72864.36	586239.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72864.36	586239.48

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	34858.13	556471.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34858.13	556471.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8664.36	251789.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8664.36	251789.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Norma F Sorelle		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2010		
	Mailing Address 109 Keene Road		<b>Transaction ID:</b> 32423591		
	City Acushnet	State MA	Zip Code 02743-1305	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anesthesia Professional, Inc.	Occupation CRNA Locum - part time			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Wayne E Ellis		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2010		
	Mailing Address 219 Crescent Rd		<b>Transaction ID:</b> 32423592		
	City Beckley	State WV	Zip Code 25801-3360	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Trover Foundation Anesthesia Program	Occupation Program Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Amy T Pfeil Neimkin		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2010		
	Mailing Address 368 Woodward Ct		<b>Transaction ID:</b> 32423603		
	City Birmingham	State AL	Zip Code 35242-6040	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UAB	Occupation CRNA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1115.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Greenwald		Date of Receipt
	Mailing Address 11094 2nd Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Mount Vernon	WA	98273-7210
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32423606
Name of Employer Self Employed		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 50.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Wilma K Gillis		Date of Receipt
	Mailing Address 7 Fuller Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 29 / 2010
	City	State	Zip Code
	Madison	WI	53704-5924
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32423617
Name of Employer Univ of Wisconsin School of Med & Publ		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 810.00	<input type="text"/> 50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Jon W Buggs		Date of Receipt
	Mailing Address 1037 N 14th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Manitowoc	WI	54220-3234
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32423619
Name of Employer Holy Family Memorial		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 125.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Col Brian D Campbell		Date of Receipt
	Mailing Address 14 Townsend St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2010
	City	State	Zip Code
	Malden	MA	02148-6323
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 32423622
Name of Employer Winchester Anesthesia Ass-ociat		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00
		<input type="text"/> 765.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara J Skibiski		Date of Receipt
	Mailing Address 330 Texas Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2010
	City	State	Zip Code
	Ozark	MO	65721-8766
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 32423628
Name of Employer St. John's Hospital		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 710.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jamie Cobb		Date of Receipt
	Mailing Address 359 The Greens Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 27 / 2010
	City	State	Zip Code
	Newberg	OR	97132-7464
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 32423630
Name of Employer Providence Newberg Medical Center		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 355.00
		<input type="text"/> 355.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 490.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Betty J Brosh-Schoenecker		Date of Receipt
	Mailing Address 10447 W Bucktail Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	Boise	ID	83714-9522
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32423633
Name of Employer Self Employed		Occupation Nurse Anesthetist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Cheryl L Pils		Date of Receipt
	Mailing Address 13700 E 53rd Ter		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Kansas City	MO	64133-7719
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32423635
Name of Employer Truman Medical Center School for Nurse		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Sara M Heffernan		Date of Receipt
	Mailing Address N1609 Mickel Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2010
	City	State	Zip Code
	LaCrosse	WI	54601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32423636
Name of Employer Gundersen Lutheran Medical Center		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul D Beninga	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 6804 S Hughes Ave	<b>Transaction ID:</b> 32423637
	City State Zip Code Sioux Falls SD 57108-5834	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Avera McKinney Hospital CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Emilia Zeller	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 2710 Casas Del Sur Ct	<b>Transaction ID:</b> 32423638
	City State Zip Code Granbury TX 76049-1465	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Glen Rose Medical Center CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca M Ray	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 2409 Craig Cove Rd	<b>Transaction ID:</b> 32423640
	City State Zip Code Knoxville TN 37919-9314	Amount of Each Receipt this Period 155.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation University of Tennessee Health Science CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>305.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Judith A Davenport	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1080 Madeline St	<b>Transaction ID:</b> 32423641
	City State Zip Code New Braunfels TX 78132-4723	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Agarita Anesthesia CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sharon G Niemann	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 2641 S 218th W	<b>Transaction ID:</b> 32423644
	City State Zip Code Goddard KS 67052-9275	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Newman University CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Debra P Pecka Malina	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 363 Riverbluff PI Apt 1	<b>Transaction ID:</b> 32423652
	City State Zip Code Memphis TN 38103-4141	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Regional Medical Center CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>685.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 44  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Keith W Larson

Mailing Address 1529 Ivory Ct

City State Zip Code  
Lake Elmo MN 55042-9311

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

Name of Employer Northfield Hospital Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** 32423656

Amount of Each Receipt this Period  
85.00

**B.**

Full Name (Last, First, Middle Initial)  
Jones B Darnell

Mailing Address 212 Pinewood Dr

City State Zip Code  
Elkin NC 28621-3035

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

Name of Employer Self Employed Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 668.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** 32423659

Amount of Each Receipt this Period  
84.00

**C.**

Full Name (Last, First, Middle Initial)  
Kendra S James

Mailing Address 3700 Manly Rd

City State Zip Code  
Goddard KS 67052-9504

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

Name of Employer Christi Regional Medical Center Occupation CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** 32423667

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **254.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 44  
(check only one)

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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Martin F O'Connor</p> <p>Mailing Address 10524 Pine Glen Ave Apt 102</p> <p>City State Zip Code <u>Las Vegas</u> NV 89144-4234</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Robert E Bush Navwel Hospital</p> <p>Occupation CRNA</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">680.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 28 / 2010</span></p> <p><b>Transaction ID:</b> 32423668</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">85.00</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dustin J Degman</p> <p>Mailing Address 10 Oak Springs Dr</p> <p>City State Zip Code <u>Arden</u> NC 28704-8834</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer asheville anesthesia</p> <p>Occupation crna</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">965.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 28 / 2010</span></p> <p><b>Transaction ID:</b> 32423677</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">85.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey A Schneider</p> <p>Mailing Address 4764 Sand Lake Rd</p> <p>City State Zip Code <u>Moose Lake</u> MN 55767-9215</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Mercy Hospital</p> <p>Occupation CRNA</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 28 / 2010</span></p> <p><b>Transaction ID:</b> 32423685</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
---	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">470.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Melissa K Hagan	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 2511 Hidden Woods Dr	<b>Transaction ID:</b> 32423690
	City State Zip Code Canton MI 48188-2475	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Oakwood Hospital & Medical Center	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Adriane T Fain	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 2809 New Hampshire Ave	<b>Transaction ID:</b> 32423691
	City State Zip Code Joplin MO 64804-2948	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Freeman Health System Surgical Center	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Cary N Carter	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 618 Arvern Dr	<b>Transaction ID:</b> 32423692
	City State Zip Code Altamonte Spg FL 32701-6226	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Wolverine Anesthesia Consultants	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher W Hogan		Date of Receipt
	Mailing Address 205 Campbell Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2010
	City	State	Zip Code
	Lawrence	KS	66049-4288
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32423693
Name of Employer Anesthesia Services of Eastern Jackson		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/> 85.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence R Stump		Date of Receipt
	Mailing Address 220 Lyndenglen Dr Apt 208		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 10 / 2010
	City	State	Zip Code
	Ann Arbor	MI	48103-6982
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32425080
Name of Employer University of Michigan		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 25.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathleen McCarthy		Date of Receipt
	Mailing Address 20 Adams Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 10 / 2010
	City	State	Zip Code
	Peaks Island	ME	04108-1301
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32425083
Name of Employer Maine Medical Center		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>310.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 44  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard J Troast

Mailing Address 468 Manchester Avenue

City State Zip Code  
North Haledon NJ 07508-2775

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

Name of Employer Self Occupation  
Self CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

**Transaction ID:** 32425085

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Yvonne F Sias

Mailing Address 2031 Shenandoah St Apt 8

City State Zip Code  
Los Angeles CA 90034-1220

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

Name of Employer Self Occupation  
Self CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32425086

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles C Jenks, Jr

Mailing Address PO Box 59

City State Zip Code  
Greenville ME 04441-0059

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

Name of Employer Primary Anesthesia Provider Occupation  
Self CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 32425087

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jane A Kamper		Date of Receipt	
	Mailing Address 1215 Ravina Park Road		M M / D D / Y Y Y Y 09 / 07 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 32425090
	Decatur	IL	62526-3140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Decatur Memorial Hospital		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Cheryl L Nimmo		Date of Receipt	
	Mailing Address 26 Aberdeen Road		M M / D D / Y Y Y Y 09 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 32425101
	East Providence	RI	02915-5002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer Orthopaedic Associates		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Vance Wormwood		Date of Receipt	
	Mailing Address 29 Windsor Pines Drive		M M / D D / Y Y Y Y 09 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 32425106
	Scarborough	ME	04074-8865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer Mercy Hospital		Occupation CRNA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	220.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James R Ragon		Date of Receipt	
	Mailing Address 45 Parkview Cv		M M / D D / Y Y Y Y Y 09 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 32425108
	Piperton	TN	38017-5389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer Self		Occupation		
Self		CRNA		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		270.00		
<input type="checkbox"/> Other (specify) ▼				

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce A Weiner		Date of Receipt	
	Mailing Address 9901 Emerald Links Dr		M M / D D / Y Y Y Y Y 09 / 09 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 32425123
	Tampa	FL	33626-2551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Self		Occupation		
Self		CRNA		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		1200.00		
<input type="checkbox"/> Other (specify) ▼				

<b>C.</b>	Full Name (Last, First, Middle Initial) Terry C Wicks		Date of Receipt	
	Mailing Address PO Box 910 111 Windsor Street		M M / D D / Y Y Y Y Y 09 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 32425130
	Rutherford College	NC	28671-0910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		85.00	
Name of Employer		Occupation		
Catawba Valley Medical Center		crna		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		765.00		
<input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1115.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Celeste G Villanueva	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 955 Meadowsweet Drive	<b>Transaction ID:</b> 32425131
	City State Zip Code Corte Madera CA 94925-1761	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Permanente Medical Group Director of Anesthesia Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 765.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan L Sonson	Date of Receipt MM / DD / YYYY 09 / 02 / 2010
	Mailing Address 5757 Collins Ave Apt 1101	<b>Transaction ID:</b> 32425140
	City State Zip Code Miami Beach FL 33140-2305	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Jackson Memorial CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Frances E Kramer	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 2531 Frankfort Avenue	<b>Transaction ID:</b> 32425142
	City State Zip Code El Paso TX 79930-1817	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Texas Tech University Health Sciences CRNA 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) .....	▶	685.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah A Cleary		Date of Receipt MM / DD / YYYY 09 / 10 / 2010		
	Mailing Address 584 County Road 543		<b>Transaction ID:</b> 32425151		
	City Hondo	State TX	Zip Code 78861-5505	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Wilford Hall Medical Ctr - Lockland AF	Occupation CRNA	Aggregate Year-to-Date 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Kandi T Smith		Date of Receipt MM / DD / YYYY 09 / 10 / 2010		
	Mailing Address 816 Pradera Ct E		<b>Transaction ID:</b> 32425152		
	City Fort Worth	State TX	Zip Code 76108-9595	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Aloha Nurse Anesthesia Services, PC	Occupation CRNA	Aggregate Year-to-Date 1642.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen L Pope		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 2809 Dahlgreen Rd		<b>Transaction ID:</b> 32425161		
	City Raleigh	State NC	Zip Code 27615-4082	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Critical health Systems of NC	Occupation CRNA	Aggregate Year-to-Date 650.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 44  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Alan D Ailles		Date of Receipt MM / DD / YYYY 09 / 06 / 2010
Mailing Address 415 Oakhaven St		<b>Transaction ID:</b> 32425165
City Baytown	State TX	Zip Code 77520-1269
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Surgery Specialty Hospitals of America	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Brian C Neal		Date of Receipt MM / DD / YYYY 09 / 02 / 2010
Mailing Address 1319 Glenwood Canyon Ln		<b>Transaction ID:</b> 32425177
City Houston	State TX	Zip Code 77077-1075
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Longhorn Anesthesia LTD	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Ron S Seligman		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 222 Cheshire Rd		<b>Transaction ID:</b> 32425178
City Severna Park	State MD	Zip Code 21146-3215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Comfortably Numb Anesthesia	Occupation CRNA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Eugene A McGough		Date of Receipt MM / DD / YYYY 09 / 10 / 2010		
	Mailing Address 101 Medford Ct		<b>Transaction ID:</b> 32425180		
	City Yorktown	State VA	Zip Code 23693-0012	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Naval Medical Center, Portsmouth	Occupation CRNA	Aggregate Year-to-Date 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly J Hauck		Date of Receipt MM / DD / YYYY 09 / 01 / 2010		
	Mailing Address 2411 Bay Spring St		<b>Transaction ID:</b> 32425210		
	City Pearland	State TX	Zip Code 77584-8193	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baylor College of Medicine	Occupation Clinical Coordinator	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy J McGuire		Date of Receipt MM / DD / YYYY 09 / 02 / 2010		
	Mailing Address 1438 Ridge Cliff Ln NE		<b>Transaction ID:</b> 32425216		
	City Rochester	State MN	Zip Code 55906-8705	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mayo Graduate School	Occupation CRNA	Aggregate Year-to-Date 305.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>405.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Belle P Neal		Date of Receipt
	Mailing Address 1319 Glenwood Canyon Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 02 / 2010
	City	State	Zip Code
	Houston	TX	77077-1075
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32425223
Name of Employer Texas Christian University		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Amy H Fleming		Date of Receipt
	Mailing Address 35 Caledonia Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010
	City	State	Zip Code
	Asheville	NC	28803-2536
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32425227
Name of Employer Asheville Anesthesia Assc		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A Mackinnon		Date of Receipt
	Mailing Address 7701 W Saint John Rd Apt 2118		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010
	City	State	Zip Code
	Glendale	AZ	85308-8633
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 32425231
Name of Employer ARIZONA HEART ANESTHESIA		Occupation CRNA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 625.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 44  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael P Cogan

Mailing Address 411 E 75th St Apt 6B

City State Zip Code  
New York NY 10021-3178

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

Name of Employer Requested Occupation  
CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

**Transaction ID:** 32425234

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Elsie C Murray

Mailing Address 1429 Beulah Road

City State Zip Code  
Pittsburgh PA 15235-5002

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

Name of Employer Requested Occupation  
Western Pa. Hospital - Pgh., Pa. CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2010

**Transaction ID:** 32425239

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Christine T Darnielle

Mailing Address 45 Centaurus Ranch Rd

City State Zip Code  
Santa Fe NM 87507-7912

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

Name of Employer Requested Occupation  
Independent Contractor CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2010

**Transaction ID:** 32425265

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 44  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Cynthia J Ferdinandsen

Mailing Address 1041 Barn Owl Ave

City State Zip Code  
Haw River NC 27258-5400

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

Name of Employer Occupation  
Mission Hospital CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2010

**Transaction ID:** 32425273

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mark E Hopkins

Mailing Address 5 Amsterdam Ln

City State Zip Code  
Simpsonville SC 29681-5986

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

Name of Employer Occupation  
Greenville Hospital System CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2010

**Transaction ID:** 32425275

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Harold E Soles, Jr

Mailing Address 1104 Von Cannon Way

City State Zip Code  
Sevierville TN 37876-0258

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

Name of Employer Occupation  
Sevier Anesthesia Associates CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2010

**Transaction ID:** 32425280

Amount of Each Receipt this Period  
400.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 44  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Elizabeth C Koop

Mailing Address 2001 N Adams St Unit 1020

City State Zip Code  
Arlington VA 22201-3752

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

Name of Employer Occupation  
Dental Anesthesia Assoc CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2010

**Transaction ID:** 32425298

Amount of Each Receipt this Period  
205.00

**B.**

Full Name (Last, First, Middle Initial)  
John F Pare

Mailing Address 11211 Bridgeport Dr

City State Zip Code  
Temple TX 76502-6419

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

Name of Employer Occupation  
Self Employed CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2010

**Transaction ID:** 32425301

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Bridget C Wolfe

Mailing Address 46-320 Kupale St

City State Zip Code  
Kaneohe HI 96744-4139

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

Name of Employer Occupation  
Greenville Hospital CRNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2010

**Transaction ID:** 32425308

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **330.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jose J Ortiz		Date of Receipt MM / DD / YYYY 09 / 14 / 2010		
	Mailing Address 13534 W Windsor Blvd		<b>Transaction ID:</b> 32425331		
	City Litchfield Park	State AZ	Zip Code 85340-4024	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Anesthesia Medical Pro	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Shelley D Krauth		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 205 Hemler Dr		<b>Transaction ID:</b> 32425338		
	City Chapel Hill	State NC	Zip Code 27517-3442	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNC Health Care Systems	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven J Knight		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 114 Country Ln Rd		<b>Transaction ID:</b> 32469327		
	City West Point	State IA	Zip Code 52656-9503	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Midwest Anesthesia Care	Occupation CRNA	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 44

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

Lisa C Waggoner

Mailing Address 9508 S 27th St

City State Zip Code  
Bellevue NE 68147-8409

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

Name of Employer Occupation  
Lakeside Hospital CRNA

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 32469352

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)

Farley David Hambright

Mailing Address 2125 Walbash Dr

City State Zip Code  
Montgomery AL 36116-1366

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

Name of Employer requested Occupation  
CRNA

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 32469359

Amount of Each Receipt this Period  
100.00

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

150.00

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

11084.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 44

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

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

NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andrews For Congress Committee</p> <p>Mailing Address 215 Fourth Avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Robert E. Andrews</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248851</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address P.O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Eric Cantor, `</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248859</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>candidate contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Castor For Congress</p> <p>Mailing Address 301 W. Platt Street #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Ms. Kathy Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248860</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>candidate contribution</p>

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

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 30 / 44

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

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

NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stephanie Herseht Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Stephanie Herseht Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248862</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248884</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address P. O. Box 3176</p> <p>City Long Beach State NJ Zip Code 07740</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248885</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Diane Black For Congress

Mailing Address 819 Plantation Blvd

City Gallatin State TN Zip Code 37066

Purpose of Disbursement candidate contribution

Candidate Name Ms. Diane Black

Office Sought:  House  Senate  President

State: TN District: 06

Disbursement For: 2010  Primary  General  Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32248897

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

candidate contribution

B.

Full Name (Last, First, Middle Initial)

Herron For Congress

Mailing Address 142 West Main Street

City Dresden State TN Zip Code 38225

Purpose of Disbursement candidate contribution

Candidate Name Mr. Roy Herron

Office Sought:  House  Senate  President

State: TN District: 08

Disbursement For: 2010  Primary  General  Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32248898

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

candidate contribution

C.

Full Name (Last, First, Middle Initial)

Kansans For Huelskamp

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844

Purpose of Disbursement candidate contribution

Candidate Name Mr. Timothy Huelskamp

Office Sought:  House  Senate  President

State: KS District: 01

Disbursement For: 2010  Primary  General  Other (specify) ▼

011  
Category/  
Type

Transaction ID: 32248899

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2000.00

candidate contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Lone Star Leadership PAC

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
annual contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 32248902

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

annual contribution

B.

Full Name (Last, First, Middle Initial)

Pompeo For Congress, Inc

Mailing Address P.O. Box 780146

City Wichita State KS Zip Code 67278

Purpose of Disbursement  
candidate contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Transaction ID: 32248927

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

candidate contribution

C.

Full Name (Last, First, Middle Initial)

Team Emerson

Mailing Address 2210 Lakewood

City Cape Girardeau State MO Zip Code 63701

Purpose of Disbursement  
candidate contribution

Candidate Name  
Ms. Jo Ann Emerson

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Transaction ID: 32248937

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

3500.00

candidate contribution

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

8500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mike Rogers For Congress</p> <p>Mailing Address 123 East 13th Street</p> <p>City Anniston State AL Zip Code 36201</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. Michael Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248938</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Scott Brown For Us Senate Committee</p> <p>Mailing Address P.O. Box 395</p> <p>City Wrentham State MA Zip Code 02903</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. Scott Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MA District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248960</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address P.O. Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Jerry Moran</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248962</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

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

7500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Searchlight Leadership Fund</p> <p>Mailing Address 422 C St. NE Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement annual contribution</p> <p>Candidate Name Searchlight Leadership Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248963</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>annual contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Terri Sewell For Congress</p> <p>Mailing Address P.O. Box 1964</p> <p>City Birmingham State AL Zip Code 35201</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Ms. Terri Sewell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248966</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Bright For Congress</p> <p>Mailing Address P.O.Box 2106</p> <p>City Montgomery State AL Zip Code 36102</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. Bobby Bright</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248970</p> <p>Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 44

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

Friends Of Stephene Moore

Mailing Address PO Box 19550

City Lenexa State KS Zip Code 66285

Purpose of Disbursement candidate contribution

Candidate Name Stephene Moore

Office Sought:  House  Senate  President

State: KS District: 03

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: 32277611

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

candidate contribution

B.

Full Name (Last, First, Middle Initial)

Dan 10

Mailing Address 315 C Street, SE Lower Level

City Washington State DC Zip Code 20003

Purpose of Disbursement candidate contribution

Candidate Name Daniel K. Inouye

Office Sought:  House  Senate  President

State: HI District:

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: 32348161

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

candidate contribution

C.

Full Name (Last, First, Middle Initial)

Rogers For Congress

Mailing Address 520 Seymour Ave, Suite A

City Lansing State MI Zip Code 48933

Purpose of Disbursement candidate contribution

Candidate Name Rep. Michael J. Rogers

Office Sought:  House  Senate  President

State: MI District: 08

Disbursement For: 2010  Primary  General  Other (specify) ▼

Transaction ID: 32348162

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

2000.00

candidate contribution

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

4000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Whitfield For Congress Comm.  Mailing Address 108 Alumni Avenue  City Hopkinsville State KY Zip Code 42240 Purpose of Disbursement candidate contribution Candidate Name Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32348163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 700.00  candidate contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Guthrie For Congress  Mailing Address PO Box 9639  City Bowling Green State KY Zip Code 42102 Purpose of Disbursement candidate contribution Candidate Name Mr. S. Brett Guthrie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32348164 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00  candidate contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Dave Reichert  Mailing Address P. O. Box 53322  City Bellevue State WA Zip Code 98015 Purpose of Disbursement candidate contribution Candidate Name Rep. David George Reichert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32348165 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 1500.00  candidate contribution

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

**3200.00**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement candidate contribution

Candidate Name Rep. Joe Wilson

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: SC District: 02

**Transaction ID:** 32348166  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

candidate contribution

**B.** Full Name (Last, First, Middle Initial)  
John Salazar For Congress

Mailing Address P.O. Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement candidate contribution

Candidate Name Mr. John Salazar

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

**Transaction ID:** 32348170  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

candidate contribution

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

Mailing Address 181-A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement candidate contribution

Candidate Name James Langevin

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

**Transaction ID:** 32348171  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

candidate contribution

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Virginia Foxx For Congress</p> <p>Mailing Address P.O. Box 1100</p> <p>City Clemmons State NC Zip Code 27012</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Virginia Foxx</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32348173</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address 333 Park Central East Suite 818</p> <p>City Springfield State MO Zip Code 65806</p> <p>Purpose of Disbursement Void: Check #6957 dated 10/28/2009 was not cashed.</p> <p>Candidate Name Mr. Roy Blunt</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32348175</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void: Check #6957 dated 10/28/2009 was not cashed.</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Roy Blunt</p> <p>Mailing Address 333 Park Central East Suite 818</p> <p>City Springfield State MO Zip Code 65806</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Mr. Roy Blunt</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32348176</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

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

1000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 224 18th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61204</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Rep. Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32348177 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Goal PAC</p> <p>Mailing Address PO Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement annual contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32348178 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>annual contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address 285 Ridgeway St Po Box 900</p> <p>City Saint Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement candidate contribution</p> <p>Candidate Name Fred Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32348179 <b>Date of Disbursement</b> 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>candidate contribution</p>

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 40 / 44

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mike R Fund <hr/> Mailing Address P.O Box 2485 <hr/> City Springfield State VA Zip Code 22152 <hr/> Purpose of Disbursement annual contribution Candidate Name Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 32348180 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	annual contribution
<b>B.</b> Full Name (Last, First, Middle Initial) John S Fund <hr/> Mailing Address PO Box 65796 <hr/> City Washington State DC Zip Code 20035 <hr/> Purpose of Disbursement annual contribution Candidate Name John S Fund Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 32348181 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	annual contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Dave Camp For Congress <hr/> Mailing Address P.O. Box 423 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement candidate contribution Candidate Name Dave Camp Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Transaction ID: 32348182 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	candidate contribution

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Thompson for Congress <hr/> Mailing Address P.O. Box 1998 <hr/> City St. Helena State CA Zip Code 94574 <hr/> Purpose of Disbursement candidate contribution Candidate Name Mike Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32348183 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 1500.00 candidate contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate <hr/> Mailing Address PO Box 100847 <hr/> City Anchorage State AK Zip Code 99510 <hr/> Purpose of Disbursement candidate contribution Candidate Name Ms. Lisa Murkowski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32349387 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 2000.00 candidate contribution

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

3500.00

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

64200.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 42 / 44

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

CAPT Werner H Beckerhoff

Mailing Address 5410 Colibri Pl

City Farmington State NM Zip Code 87402-0983

Purpose of Disbursement  
PAC Committee member travel to Annual Mtg

Candidate Name

002  
Category/  
Type

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

State: District:

Transaction ID: 32248972

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

1391.62

PAC Committee member travel to Annual Mtg

B.

Full Name (Last, First, Middle Initial)

Debbie W Feemster

Mailing Address 1191 Hieatt Ln

City Smithfield State KY Zip Code 40068-7900

Purpose of Disbursement  
PAC Committee member travel to Annual Mtg

Candidate Name

002  
Category/  
Type

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

State: District:

Transaction ID: 32248974

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

1162.36

PAC Committee member travel to Annual Mtg

C.

Full Name (Last, First, Middle Initial)

Sheryl M May

Mailing Address 3300 Dutton Rd

City Rochester Hills State MI Zip Code 48306-2224

Purpose of Disbursement  
PAC Committee member travel to Annual Mtg

Candidate Name

002  
Category/  
Type

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

State: District:

Transaction ID: 32248975

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

1393.56

PAC Committee member travel to Annual Mtg

SUBTOTAL of Disbursements This Page (optional) ▶

3947.54

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

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John F. Kennedy Presidential Library and Museum</p> <p>Mailing Address Special Events Office Columbia Point</p> <p>City Boston State MA Zip Code 02125</p> <p>Purpose of Disbursement Deposit for space rental for CRNA-PAC reception at the AANA Annual Mtg</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32248998 <b>Date of Disbursement</b> 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2745.00</p> <p>003 Category/ Type</p> <p>Deposit for space rental for CRNA-PAC reception at the AANA Annual Mtg</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark M Bjornstad</p> <p>Mailing Address 4441 Upton Ave S</p> <p>City Minneapolis State MN Zip Code 55410-1931</p> <p>Purpose of Disbursement PAC Committee Travel to Annual Mtg</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32285273 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 988.16</p> <p>002 Category/ Type</p> <p>PAC Committee Travel to Annual Mtg</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ann Walker-Jenkins</p> <p>Mailing Address 1100 South Barton St #296</p> <p>City Arlington State VA Zip Code 22204-4835</p> <p>Purpose of Disbursement Travel to Blue Dog Retreat</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32285285 <b>Date of Disbursement</b> 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 792.66</p> <p>002 Category/ Type</p> <p>Travel to Blue Dog Retreat</p>

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

4525.82

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 44 / 44

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

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

NAME OF COMMITTEE (In Full)

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

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Po Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32432626 Date of Disbursement 09 / 01 / 2010
	Amount of Each Disbursement this Period 67.64 Category/Type: 001 Credit Card Fees
<b>B.</b> Full Name (Last, First, Middle Initial) Edonations Mailing Address 118 North Saint Asaph Street, City Alexandria State VA Zip Code 22314 Purpose of Disbursement Fees associated with collecting online CRNA-PAC donations from AANA members. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32432886 Date of Disbursement 09 / 10 / 2010
	Amount of Each Disbursement this Period 123.36 Category/Type: 001 Fees associated with collecting online CRNA-PAC donations from AANA members.

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

191.00

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

8664.36