

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Melody A. Betts
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Wauconda Trl SW
 City Hartville State OH Zip Code 44632-9489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Professional Anesthesia Services Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2015
Transaction ID : 4C32BFAFF2CBEF1E6B84
 Amount of Each Receipt this Period
250.00

B. Steven W. Beulke
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 Cascade Dr
 City Chaska State MN Zip Code 55318-1884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHWEST ANESTHESIA PA Occupation CRNA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2015
Transaction ID : 39CAD90A-FDEF-4859-
 Amount of Each Receipt this Period
250.00

C. Nicole C. Bonfoey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3105 Forrest Dr
 City Fairbanks State AK Zip Code 99709-5771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fairbanks Anesthesia Inc Occupation nurse anesthetist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2015
Transaction ID : F39FB4BA624C4C6CBA56
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	