

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 82
(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)
Thomas R LeBlanc

Mailing Address 209 Westridge Dr

City State Zip Code
Grants Pass OR 97526-8916

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

Name of Employer Midwest City Regional Hospital
Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: 33349546

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 1244 Wildcliff Cir NE

City State Zip Code
Atlanta GA 30329-3473

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

Name of Employer Ambulatory Anesthesia
Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 1

Transaction ID: 33349553

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Robert J Gauvin

Mailing Address 1 Riverside Dr

City State Zip Code
Mattapoisett MA 02739-1445

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

Name of Employer Self
Occupation CRNA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 1

Transaction ID: 33349561

Amount of Each Receipt this Period
400.00

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

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