

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gordon, Kimberly, Anne, ,

Mailing Address 1824 Elizabeth Ave

City
Winston Salem

State
NC

Zip Code
27103-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest Baptist Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2019

Transaction ID : 9BF016152E474AC7A7A8

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gould, Wallena, M, ,

Mailing Address 39 W Wolfert Station Rd

City
Mickleton

State
NJ

Zip Code
08056-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Diversity in Nurse Anesthesia Mentorsh

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2019

Transaction ID : F4804FB791FF485E98C4

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gray, Sharon, K, ,

Mailing Address 2149 Santa Fe Spgs

City
Prescott

State
AZ

Zip Code
86305-5279

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mountain High Anesthesia, PC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2019

Transaction ID : 44C3A987C7468D7216EA

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

583.33

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