

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

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

FOR LINE NUMBER: PAGE 87 OF 138

(check only one)

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

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

A. Mueller, Joseph, Thomas, ,

Mailing Address 8000 Highway 290 W
Apt 9202

City
Austin

State
TX

Zip Code
78736-0012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JTM Anesthesia

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2019

Transaction ID : 4AAAA39BF3C92CF5CA81

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Mund, Steven, J, ,

Mailing Address 2251 Show Basket Way

City

Mount Pleasant

State

SC

Zip Code

29466-9500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SJM Consulting, LLC

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

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

Transaction ID : FF6F67E5758A44DDA343

Amount of Each Receipt this Period

240.00

☐ Memo Item

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

c. Mund, Steven, J, ,

Mailing Address 2251 Show Basket Way

City

Mount Pleasant

State

SC

Zip Code

29466-9500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SJM Consulting, LLC

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2019

Transaction ID : D2C0952AFD6E4C3FAABE

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

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

940.00