

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

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

FOR LINE NUMBER: PAGE 78 OF 248

(check only one)

☒ 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. Farina, Cynthia, Ann, ,

Mailing Address 4081 Dixiana Ct

City
Rochester

State
MI

Zip Code
48306-4706

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
William Beaumont Hospital

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 22 / 2019

Transaction ID : 44B989D63DC7A6DCF022

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Farmer, Daniel, J, ,

Mailing Address 421 Meadow Brook Ter

City
Hartsville

State
SC

Zip Code
29550-4600

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Independent

Occupation (for Individual)
Crna

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 20 / 2019

Transaction ID : 441E988BF8EAA57A1C54

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

C. Feeley, Kathleen, M, ,

Mailing Address 1118 State Highway 130

City
Laramie

State
WY

Zip Code
82070-9760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Employee of Comanche County Memorial H

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 05 / 2019

Transaction ID : 4963867091D24C1815DB

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

163.74