

# **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. Lacek, Teresa, , ,**

Mailing Address 16279 Lakewood Path

City  
Homer Glen

State  
IL

Zip Code  
60491-8028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anesthesia Associates

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

08 / 11 / 2019

Transaction ID : 40EA83EF14532667486D

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

**B. Landis, Michael, T, ,**

Mailing Address 3149 Shady Ln

City  
Stevens Point

State  
WI

Zip Code  
54481-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ascension Medical Group

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 11 / 2019

Transaction ID : 10DA9F53DFAD4B088AFB

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Lane, Laura, M, ,**

Mailing Address 3138 Island Beach Rd

City  
Marquette

State  
MI

Zip Code  
49855-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Independent locums

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

08 / 26 / 2019

Transaction ID : 436F88E0CE2E06BE72FB

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

305.41