

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 248

(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			

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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. Schosky, Cheryl, L, ,

Mailing Address 112 Amandas Autumn Ln

City
TaylorsState
SCZip Code
29687-6356FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quality Anesthesia Services LLCOccupation (for Individual)
Owner/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1491.64

Date of Receipt

M M	D D	Y Y Y Y
08	10	2019

Transaction ID : 4336806FBE4E4D691B6A

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Schreiner, David, P, ,

Mailing Address 1513 Westfield Cir

City
O FallonState
MOZip Code
63368-8664FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Western AnesthesiologyOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M	D D	Y Y Y Y
08	27	2019

Transaction ID : 48F6BCE52B8F0EE42A7C

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

C. Schutt, Shannon, S, ,

Mailing Address 236 Madison Ave

City
AstoriaState
ORZip Code
97103-5028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Associates NorthwestOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

358.32

Date of Receipt

M M	D D	Y Y Y Y
08	02	2019

Transaction ID : F327C1F7399E49259553

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

138.74

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