

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

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

FOR LINE NUMBER: PAGE 12 OF 26

(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 Nurses Association PAC

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

A. Kruger, Sarah, T, ,

Mailing Address 2325 Sugar River Rd

City
VeronaState
WIZip Code
53593-8741FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sarah T Kruger, DNP, RN

Occupation (for Individual)

University of Wisconsin SON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2019

Transaction ID : ADEC6DEA6285D4171954

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Lusis, Ingrida, , ,

Mailing Address 8515 Georgia Ave
Ste 400City
Silver SpringState
MDZip Code
20910-3492FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

American Nurses Association

Occupation (for Individual)

VP of Policy and Govt. Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2019

Transaction ID : AE4CA2FE87CF044808CB

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. Luzmoor, Kathryn, M, ,

Mailing Address 425 Centennial Dr

City
Green RiverState
WYZip Code
82935-5527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self

Occupation (for Individual)

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2019

Transaction ID : A198DE90AB01C48A294B

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

500.00

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