

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. Smith, Shawn, W, ,

Mailing Address 3780 S Coach House Dr

City
Gilbert

State
AZ

Zip Code
85297-4920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
F.H.C.L. Enterprise

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY
06 / 19 / 2019

Transaction ID : 4354ADD7179C16D3EE2D

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Smyth, Jason, , ,

Mailing Address 308 S Main St

City
Bridgeville

State
DE

Zip Code
19933-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anesthesia Services, P.A.

Occupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
06 / 03 / 2019

Transaction ID : 7AAFCACB-D2FE-4124-

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. Soto, Theresa, A, ,

Mailing Address 1433 Las Entradas Dr

City
Spicewood

State
TX

Zip Code
78669-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF TEN ANESTHESIA PLLC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 03 / 2019

Transaction ID : C8ED505A-8CD5-4DD1-

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

748.33