

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

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

FOR LINE NUMBER: PAGE 88 OF 244

(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 Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)**

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

**A. Gray, Sharon, K, ,**

Mailing Address 2149 Santa Fe Spgs

City  
Prescott

State  
AZ

Zip Code  
86305-5279

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mountain High Anesthesia, PC

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

09 / 15 / 2019

**Transaction ID : 45898A4255EE5C6C7EBD**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**B. Greco, Michael, , ,**

Mailing Address 350 W 50th St  
Apt 18H

City  
New York

State  
NY

Zip Code  
10019-6674

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwell Health

Occupation (for Individual)  
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.97

Date of Receipt

09 / 30 / 2019

**Transaction ID : 446AB72E5648E0105BE2**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. Greenwood, Jennifer, E, ,**

Mailing Address 822 Liberty Bell Ln

City  
Libertyville

State  
IL

Zip Code  
60048-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Landmark Medical Services, LLC

Occupation (for Individual)  
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

371.64

Date of Receipt

09 / 02 / 2019

**Transaction ID : 42278757DC8228D0944F**

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

197.07

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