

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

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

FOR LINE NUMBER: PAGE 236 OF 278

(check only one)

☒ 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. Taylor, Megan, M, ,**

Mailing Address PO Box 369

City  
Kodiak

State  
AK

Zip Code  
99615-0369

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Kodiak Island Medical Cente

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : 91403E0D-06D7-45EB-**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Tenorio Ketcham, Jennifer, Anne, ,**

Mailing Address 1732 Kodiak Cir NE

City  
Atlanta

State  
GA

Zip Code  
30345-4148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Childrens Healthcare of Atlanta

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2019

**Transaction ID : 4C37B1040B5AD99F93D0**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Tenorio Ketcham, Jennifer, Anne, ,**

Mailing Address 1732 Kodiak Cir NE

City  
Atlanta

State  
GA

Zip Code  
30345-4148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Childrens Healthcare of Atlanta

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2019

**Transaction ID : 4ADB97E32208B31D4963**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

175.00