

# **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. Skidmore, Tammy, L, ,**

Mailing Address 13886 Glacier Bay Ln

City  
Caldwell

State  
ID

Zip Code  
83607-7522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Overton Stiff Professional Anesthesia

Occupation (for Individual)  
Independent Nurse Anesthetist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.23

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2020

**Transaction ID : 44F8A5AA8837FC28A698**

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

**B. 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 ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2020

**Transaction ID : 45F09F4CF429F0C88D43**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. Snyder, Jean, F, ,**

Mailing Address 4737 Williamsburg Glade

City  
Williamsburg

State  
VA

Zip Code  
23185-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bon Secour DePaul Medical Center

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2020

**Transaction ID : 4D898531684388D1AC89**

Amount of Each Receipt this Period

83.00

☐ Memo Item

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

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

196.74