

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 80

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Monforte, Ellen, , ,

Mailing Address 39 Baker St

City
MilfordState
CTZip Code
06461-4009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
yale new haven hospitalOccupation (for Individual)
Lead CRNA - GI and NORA services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	22	2019

Transaction ID : 40029EF8DCF00B6C45B3

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Moore, Randall, D, , II

Mailing Address 612 S Knight Ave

City
Park RidgeState
ILZip Code
60068-4406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AANAOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	29	2019

Transaction ID : 4B7F9D126614324051CE

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Mueller, Joseph, Thomas, ,Mailing Address 8000 Highway 290 W
Apt 9202City
AustinState
TXZip Code
78736-0012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JTM AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	03	2019

Transaction ID : 4871B7BF946482B9F185

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

233.33