

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

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

FOR LINE NUMBER: PAGE 58 OF 80

(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. Rehfeldt, Taylor, Rae, ,

Mailing Address 905 S Cloudas Ave

City
Sioux Falls

State
SD

Zip Code
57103-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID : 4937B7B2B24B573B5597

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Rice, Andrew, Lee, ,

Mailing Address 60 Cobblestone Dr

City
Springville

State
TN

Zip Code
38256-4572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry County Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2019

Transaction ID : C25B99ED-A07A-4980-

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

C. Rigdon, Scott, W, ,

Mailing Address 330 Triple Tree Rd

City
Bozeman

State
MT

Zip Code
59715-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grants Pass Community Based Outpatient

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

752.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2019

Transaction ID : B66869C64DB04B23A65F

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

915.00