

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)

PAGE 131 OF 208

☒ 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. Morris, Jonathan, , ,

Mailing Address 934 W New Hampshire St

City
Orlando

State
FL

Zip Code
32804-5755

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 04 / 2019

Transaction ID : 482AB608BBF339D3F5A6

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Morrow, Morgan, J, ,

Mailing Address 19410 N 68th Ave

City
Glendale

State
AZ

Zip Code
85308-5513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MIDWESTERN UNIVERSITY

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2019

Transaction ID : 4A2481FDA283368754AD

Amount of Each Receipt this Period

30.41

☐ 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 9202

City
Austin

State
TX

Zip Code
78736-0012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

JTM Anesthesia

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2019

Transaction ID : 43B1B23A44130CD1D05E

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)..... ►

213.74