

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

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<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. Schosky, Cheryl, L, ,

Mailing Address 112 Amandas Autumn Ln

City

Taylors

State

SC

Zip Code

29687-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Quality Anesthesia Services LLC

Occupation (for Individual)

Owner/President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1408.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2019

Transaction ID : 1101A91671B84C059AD2

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Schreiner, David, P, ,

Mailing Address 1513 Westfield Cir

City

O Fallon

State

MO

Zip Code

63368-8664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Western Anesthesiology

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

212.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2019

Transaction ID : 463B977278A618EDB9C1

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

C. Schutt, Shannon, S, ,

Mailing Address 236 Madison Ave

City

Astoria

State

OR

Zip Code

97103-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anesthesia Associates Northwest

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2019

Transaction ID : 41DEA65EFE7467DC527D

Amount of Each Receipt this Period

83.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

313.74

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