

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 Nurses Association PAC

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

A. Kruger, Sarah, T, ,

Mailing Address 2325 Sugar River Rd

City
Verona

State
WI

Zip Code
53593-8741

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Wisconsin SON

Occupation (for Individual)

University of Wisconsin SON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2019

Transaction ID : A6179C50F357F4AEFAC4

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lauver, Diane, , ,

Mailing Address 3035 Osmundsen Rd

City
Fitchburg

State
WI

Zip Code
53711-5844

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UW - Madison School of Nursing

Occupation (for Individual)

Professor of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2019

Transaction ID : A641F9A5C09104EE1A67

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Layman, Eve, L, ,

Mailing Address 30 Warwick Rd

City
Asheville

State
NC

Zip Code
28803-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Texas A&M University-Corpus Christi

Occupation (for Individual)

Associate Dean for Graduate Nursing P

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2019

Transaction ID : AD8B96A371C724258807

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00