

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 Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

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

A. Feeley, Kathleen, M, ,

Mailing Address 1118 State Highway 130

City
Laramie

State
WY

Zip Code
82070-9760

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Employee of Comanche County Memorial H

Occupation (for Individual)

Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2019

Transaction ID : 4FADA7E98B5B6413C9EE

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Feil, Marian, , ,

Mailing Address 1115 Tyson Ave

City
Abington

State
PA

Zip Code
19001-3626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Thomas Jefferson University

Occupation (for Individual)

Program Director

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
11 / 07 / 2019

Transaction ID : 413AA0A3FFBAE843A70E

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

C. Feit, Steven, J, ,

Mailing Address 5432 Silver Lake Dr

City
West Bend

State
WI

Zip Code
53095-8714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Agnesian Healthcare

Occupation (for Individual)

CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2019

Transaction ID : 40B88006C941C79F1A8E

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

133.74

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