

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

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

FOR LINE NUMBER: PAGE 219 OF 274

(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. Schorr-Ratzlaff, Beth, A, ,**

Mailing Address 10 S Quebec Way

City  
Denver

State  
CO

Zip Code  
80230-6823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Colorado

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

558.26

Date of Receipt

11 / 10 / 2019

**Transaction ID : 475693E4BACADA98F988**

Amount of Each Receipt this Period

41.66

☐ Memo Item

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

**B. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1741.63

Date of Receipt

11 / 10 / 2019

**Transaction ID : 4196BC9EFD95FF030943**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**C. 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 ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

334.51

Date of Receipt

11 / 27 / 2019

**Transaction ID : 499C948A2A104266035D**

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

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

155.40