

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 284
(check only one)

<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. Faust, Kristine, S, ,

Mailing Address 3014 Idle Hills Rd

City
BrooklynState
MIZip Code
49230-8518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jackson allegiantOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	07	2019

Transaction ID : 46D2BA2B9AA796AEC11D

Amount of Each Receipt this Period

91.25

☐ Memo Item

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

B. Feeley, Kathleen, M, ,

Mailing Address 1118 State Highway 130

City
LaramieState
WYZip Code
82070-9760FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Employee of Comanche County Memorial HOccupation (for Individual)
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	28	2019

Transaction ID : 46D6B1958D02E4C9F61A

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Feil, Marian, , ,

Mailing Address 1115 Tyson Ave

City
AbingtonState
PAZip Code
19001-3626FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson UniversityOccupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

243.28

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	07	2019

Transaction ID : 486D88D2B25364851717

Amount of Each Receipt this Period

30.41

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

204.99

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