

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

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

FOR LINE NUMBER: PAGE 97 OF 284

(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. Gray, Sharon, K, ,

Mailing Address 2149 Santa Fe Spgs

City
Prescott

State
AZ

Zip Code
86305-5279

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mountain High Anesthesia, PC

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2019

Transaction ID : 4463B3596221DC2C66CF

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Greco, Michael, , ,

Mailing Address 350 W 50th St
Apt 18H

City
New York

State
NY

Zip Code
10019-6674

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northwell Health

Occupation (for Individual)
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1574.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

Transaction ID : 4AD7A8EFC8308D2C7B25

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Gregory, Clayton, , ,

Mailing Address 704 N Bitterroot Ct

City
Athens

State
IL

Zip Code
62613-9559

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Memorial Medical Center

Occupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

364.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2019

Transaction ID : 4858B2F07F8DFAF6ADDB

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)..... ►

197.07