

# **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)

PAGE 129 OF 284

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Kinross, Shawn, F, ,**

Mailing Address 325 S Staci Ct

City  
Cedar City

State  
UT

Zip Code  
84720-1828

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cedar Anesthesia Group

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 / 12 / 2019

**Transaction ID : 4F0FB6111C8369E5619C**

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

**B. Kipple, John, Christopher, ,**

Mailing Address 326 Hemlock Dr

City  
Rock Springs

State  
WY

Zip Code  
82901-7511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHWEST PAIN MANAGEMENT

Occupation (for Individual)  
PAIN MANAGEMENT

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 / 15 / 2019

**Transaction ID : 44D093BAB7939CF71DFA**

Amount of Each Receipt this Period

30.41

☐ Memo Item

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

**C. Kipta, Margaret, Maria, ,**

Mailing Address 8847 Monticello Ave

City  
Skokie

State  
IL

Zip Code  
60076-2345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mt Sinai Hospital

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

389.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2019

**Transaction ID : 474DBDFE5AB7FA9FB60B**

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)..... ►

91.23