

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 166 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. Mueller, Joseph, Thomas, ,Mailing Address 9201 Brodie Ln
Unit 1602City
AustinState
TXZip Code
78748-6288FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JTM AnesthesiaOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	03	2019

Transaction ID : 43819BE0ED0E43A0085C

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Mullen, Lisa, , ,

Mailing Address 1036 Plane St

City
AvocaState
PAZip Code
18641-1768FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAPAOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID : 4CB2B5F80302841F69AE

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Mund, Angela, R, ,

Mailing Address 2251 Show Basket Way

City
Mount PleasantState
SCZip Code
29466-9500FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MUSCOccupation (for Individual)
CRNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : 48CFA079809C66B5758D

Amount of Each Receipt this Period

625.00

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

975.00

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