

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

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

FOR LINE NUMBER: PAGE 36 OF 111

(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. Everts, Katheryn, E, ,**

Mailing Address 5822 Nelson Dr

City  
Hudsonville

State  
MI

Zip Code  
49426-7579

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mercy Health St. Mary's, Grand Rapids

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2019

**Transaction ID : 449796BF5175C9A14106**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Farina, Cynthia, Ann, ,**

Mailing Address 4081 Dixiana Ct

City  
Rochester

State  
MI

Zip Code  
48306-4706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
William Beaumont Hospital

Occupation (for Individual)  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2019

**Transaction ID : 484A868707A211859C04**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Feeley, Kathleen, M, ,**

Mailing Address 1118 State Highway 130

City  
Laramie

State  
WY

Zip Code  
82070-9760

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee of Comanche County Memorial H

Occupation (for Individual)  
Certified Registered Nurse Anesthetist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2019

**Transaction ID : 4FB09A253BCC8E7BFD9E**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

383.33