

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		343468.06
(b) Cash on Hand at Beginning of Reporting Period.....	399868.31	
(c) Total Receipts (from Line 19)	59313.94	227562.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	459182.25	571030.50
7. Total Disbursements (from Line 31).....	51613.30	163461.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	407568.95	407568.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y Y 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8175.00	55044.00
(ii) Unitemized	48936.00	170315.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57111.00	225359.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	57111.00	225359.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2150.00	2150.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	52.94	52.94
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	59313.94	227562.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	59313.94	227562.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	123.30	6770.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	123.30	6770.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51000.00	156000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	490.00	691.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	51613.30	163461.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51613.30	163461.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	57111.00	225359.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57111.00	225359.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	123.30	6770.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	123.30	6770.30

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

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

FOR LINE NUMBER: PAGE 6 OF 48
(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

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Jean Aertker
Full Name (Last, First, Middle Initial)

Mailing Address 646 Riviera Dr

City Tampa State FL Zip Code 33606-3810

FEC ID number of contributing federal political committee. **C**

Name of Employer Tampa OHS Occupation FNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : C3221066

Amount of Each Receipt this Period
 50.00

B. Jean Aertker
Full Name (Last, First, Middle Initial)

Mailing Address 646 Riviera Dr

City Tampa State FL Zip Code 33606-3810

FEC ID number of contributing federal political committee. **C**

Name of Employer Tampa OHS Occupation FNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : C3221398

Amount of Each Receipt this Period
 20.00

C. Deanna Babb
Full Name (Last, First, Middle Initial)

Mailing Address 2701 Ivy Dr

City Great Falls State MT Zip Code 59404-3645

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri River Healthcare Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : C3221393

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Deanna Babb

Mailing Address 2701 Ivy Dr

City State Zip Code
 Great Falls MT 59404-3645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Missouri River Healthcare NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015

Transaction ID : C3221995

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Louann Bailey

Mailing Address 3060 Rainbow Ln

City State Zip Code
 Richfield OH 44286-9222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Akron General Medical Center APRN Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2015

Transaction ID : C3221402

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Louann Bailey

Mailing Address 3060 Rainbow Ln

City State Zip Code
 Richfield OH 44286-9222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Akron General Medical Center APRN Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : C3222508

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Elizabeth Baldwin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2594 Knottsville Rd
 City Grafton State WV Zip Code 26354-7382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEDIATRIC PARTNERS Occupation FNP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 28 / 2015
Transaction ID : C3221364
 Amount of Each Receipt this Period 100.00

B. Kevin Ballard
 Full Name (Last, First, Middle Initial)
 Mailing Address 10947 140th Ave NE
 City Thief River Falls State MN Zip Code 56701-8458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 09 / 22 / 2015
Transaction ID : C3221411
 Amount of Each Receipt this Period 100.00

C. Elizabeth Barker
 Full Name (Last, First, Middle Initial)
 Mailing Address 6401 Wynwright Dr
 City Dublin State OH Zip Code 43016-8260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Health Connections Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 06 / 2015
Transaction ID : C3221219
 Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Allison Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address RR 1 Box 11
 City Beaver State OK Zip Code 73932-9708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015
Transaction ID : C3220886
 Amount of Each Receipt this Period
 100.00

B. Allison Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address RR 1 Box 11
 City Beaver State OK Zip Code 73932-9708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : C3221691
 Amount of Each Receipt this Period
 200.00

C. Sonda Boulware
 Full Name (Last, First, Middle Initial)
 Mailing Address 10039 Saragossa Ct
 City Las Cruces State NM Zip Code 88007-8964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Heart Occupation ACNP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : C3221238
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Marie Coffin
Full Name (Last, First, Middle Initial)

Mailing Address 11321 W Ponderosa St

City State Zip Code
Wichita KS 67212-5642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Health Care Clinic at Walgreen ARNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015
Transaction ID : C3221719

Amount of Each Receipt this Period
30.00

B. Keven Comer
Full Name (Last, First, Middle Initial)

Mailing Address 509 Tillyfour Rd

City State Zip Code
Bozeman MT 59718-9676

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bozeman Health Group NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2015
Transaction ID : C3222010

Amount of Each Receipt this Period
100.00

C. Leslie Conner
Full Name (Last, First, Middle Initial)

Mailing Address 3028 NE 103rd St

City State Zip Code
Seattle WA 98125-7717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Everett Clinic ARNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2015
Transaction ID : C3221723

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Leslie Conner
 Mailing Address 3028 NE 103rd St
 City State Zip Code
 Seattle WA 98125-7717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Everett Clinic ARNP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : C3222552
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Cindy Cooke
 Mailing Address 5005 Red Mile Ct SE
 City State Zip Code
 Brownsboro AL 35741-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fox Army Health Center FNP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2015
Transaction ID : C3221727
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Cindy Cooke
 Mailing Address 5005 Red Mile Ct SE
 City State Zip Code
 Brownsboro AL 35741-9306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fox Army Health Center FNP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : C3222016
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**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 12 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Denise Coppa
Full Name (Last, First, Middle Initial)

Mailing Address 224 Cole Dr

City North Kingstown State RI Zip Code 02852-3636

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Rhode Island Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : C3222019

Amount of Each Receipt this Period
 30.00

B. Muriel Corcoran
Full Name (Last, First, Middle Initial)

Mailing Address 4 East Central St

City Worcester State MA Zip Code 01613

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : C3222452

Amount of Each Receipt this Period
 250.00

C. M Elayne Desimone
Full Name (Last, First, Middle Initial)

Mailing Address 900 Winding Ln

City Media State PA Zip Code 19063-1656

FEC ID number of contributing federal political committee. **C**

Name of Employer Widener University Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : C3220822

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 305.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. James Dickens
 Full Name (Last, First, Middle Initial)
 Mailing Address 2717 Crater Lake Ln
 City State Zip Code
 Denton TX 76210-3378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SNCH NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : C3221585
 Amount of Each Receipt this Period
 100.00

B. James Dickens
 Full Name (Last, First, Middle Initial)
 Mailing Address 2717 Crater Lake Ln
 City State Zip Code
 Denton TX 76210-3378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SNCH NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2015
Transaction ID : C3221409
 Amount of Each Receipt this Period
 20.00

C. Michelle Digiovanni
 Full Name (Last, First, Middle Initial)
 Mailing Address 23217 W Schwerman Rd
 City State Zip Code
 Mundelein IL 60060-9599
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advocate Medical Group Nurse Practitioner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : C3220935
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Nancy Dirubbo
 Full Name (Last, First, Middle Initial)
 Mailing Address 184 Hickory Stick Ln
 City Laconia State NH Zip Code 03246-2386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : C3221803
 Amount of Each Receipt this Period
 5.00

B. Donald Gardenier
 Full Name (Last, First, Middle Initial)
 Mailing Address 2621 Palisade Ave Apt 3D
 City Bronx State NY Zip Code 10463-6108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Icahn School of Medicine at MS Occupation FNP/Faculty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : C3222511
 Amount of Each Receipt this Period
 500.00

C. Linda Gehrke
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Georgetown Rd
 City Iowa Falls State IA Zip Code 50126-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hubbard Medical Clinic Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : C3222506
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 555.00
TOTAL This Period (last page this line number only)..... ▶

**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 15 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Veronica Gutchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 11261 Slalom Ln
 Unit A
 City Columbia State MD Zip Code 21044-2965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Maryland Occupation NP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **310.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : C3221355
 Amount of Each Receipt this Period
60.00

B. Marylin Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 1598 Twin Courts Ln SW
 City Marietta State GA Zip Code 30008-7601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LKL Healthcare Services Occupation NP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : C3222516
 Amount of Each Receipt this Period
50.00

C. Mary Healy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2255 Datura St
 City Sarasota State FL Zip Code 34239-3914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heart & Vascular Center Occupation NP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2015
Transaction ID : C3220712
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

**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 16 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Meredith Heyde

Mailing Address 105 Quail Ridge Dr

City State Zip Code
Simpsonville SC 29680-6606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Optum/United Health Group FNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
545.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2015
Transaction ID : C3221760

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Michael Horne

Mailing Address 1122 Cherokee St

City State Zip Code
Denver CO 80204-3633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015
Transaction ID : C3222644

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Marianne Hurley

Mailing Address 170 Silver Lake Ave

City State Zip Code
Wakefield RI 02879-4224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ Medicine/Geriatrics GNP/Faculty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2015
Transaction ID : C3221215

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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

**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 17 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Marianne Hurley
Full Name (Last, First, Middle Initial)

Mailing Address 170 Silver Lake Ave

City Wakefield State RI Zip Code 02879-4224

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ Medicine/Geriatrics Occupation GNP/Faculty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : C3222011

Amount of Each Receipt this Period
 200.00

B. Penny Jensen
Full Name (Last, First, Middle Initial)

Mailing Address 2461 E Kensington Ave

City Salt Lake City State UT Zip Code 84108-2415

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Utah Occupation Assistant Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015
Transaction ID : C3222009

Amount of Each Receipt this Period
 600.00

C. Ally Kayton
Full Name (Last, First, Middle Initial)

Mailing Address 11117 Des Moines Ct

City Hollywood State FL Zip Code 33026-4842

FEC ID number of contributing federal political committee. **C**

Name of Employer IKARIA Occupation Clinical Educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2015
Transaction ID : C3221137

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	720.00
TOTAL This Period (last page this line number only).....▶	

**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 18 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Maria Kidner
Full Name (Last, First, Middle Initial)

Mailing Address 1538 Arctic Willow Ct

City Cheyenne State WY Zip Code 82009-9759

FEC ID number of contributing federal political committee. **C**

Name of Employer Alpha Family Medicine Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **08 / 12 / 2015**

Transaction ID : C3221088

Amount of Each Receipt this Period **50.00**

B. Maria Kidner
Full Name (Last, First, Middle Initial)

Mailing Address 1538 Arctic Willow Ct

City Cheyenne State WY Zip Code 82009-9759

FEC ID number of contributing federal political committee. **C**

Name of Employer Alpha Family Medicine Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **11 / 19 / 2015**

Transaction ID : C3222022

Amount of Each Receipt this Period **35.00**

C. Rose Knapp
Full Name (Last, First, Middle Initial)

Mailing Address 52 Poplar Ave

City Fair Haven State NJ Zip Code 07704-3026

FEC ID number of contributing federal political committee. **C**

Name of Employer Monmouth University Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : C3222569

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **185.00**

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

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

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

FOR LINE NUMBER: PAGE 19 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Yvonne Krielow

Mailing Address 7533 Highway 90

City State Zip Code
 Roanoke LA 70581-3505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 The Clinic of Welsh FNP-BC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : C3222603

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Patsy Lane

Mailing Address 27 Cherry Ln

City State Zip Code
 Lakewood NY 14750-1803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Chautauqua County NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : C3222572

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Ross Lauger

Mailing Address 9267 Greenback Lane
 C2

City State Zip Code
 Orangevale CA 95662

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Advanced Practice Primary Care NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : C3222476

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Rebecca Leggett

Mailing Address 2418 Helena Cir

City Abilene State TX Zip Code 79606-3426

FEC ID number of contributing federal political committee. **C**

Name of Employer Asante Physician Partners Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 18 / 2015
Transaction ID : C3222623

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Melanie Mabrey

Mailing Address 5616 Winthrop Dr

City Raleigh State NC Zip Code 27612-2748

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke University Health System Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
07 / 24 / 2015
Transaction ID : C3220733

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Lori Martin-Plank

Mailing Address 90 Ervin Rd

City Pipersville State PA Zip Code 18947-9391

FEC ID number of contributing federal political committee. **C**

Name of Employer Heartland Hospice Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
07 / 28 / 2015
Transaction ID : C3220684

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

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

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

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

FOR LINE NUMBER: PAGE 21 OF 48
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Lori Martin-Plank
Full Name (Last, First, Middle Initial)
Mailing Address 90 Ervin Rd
City Pipersville State PA Zip Code 18947-9391
FEC ID number of contributing federal political committee. **C**
Name of Employer Heartland Hospice Occupation NP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt 09 / 28 / 2015
Transaction ID : C3221362
Amount of Each Receipt this Period 50.00

B. Wayne Mcleod
Full Name (Last, First, Middle Initial)
Mailing Address 9384 E Myra Dr
City Tucson State AZ Zip Code 85730-2940
FEC ID number of contributing federal political committee. **C**
Name of Employer Seguardo Surgical Occupation NP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 355.00

Date of Receipt 12 / 18 / 2015
Transaction ID : C3222599
Amount of Each Receipt this Period 25.00

C. Alison Mitchell
Full Name (Last, First, Middle Initial)
Mailing Address 4713 Hummingbird St
City Houston State TX Zip Code 77035-4915
FEC ID number of contributing federal political committee. **C**
Name of Employer Houston Methodist Hospital Occupation NP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 18 / 2015
Transaction ID : C3221752
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Lee Moss
 Full Name (Last, First, Middle Initial)
 Mailing Address 828 E 17th Ave
 City State Zip Code
 Salt Lake City UT 84103-3713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Utah NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015
Transaction ID : C3222061
 Amount of Each Receipt this Period
 100.00

B. Diann Nelson-Houser
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Eastchester Dr
 City State Zip Code
 Gahanna OH 43230-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Affordable Care Health Clinic NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : C3221228
 Amount of Each Receipt this Period
 100.00

C. Diann Nelson-Houser
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Eastchester Dr
 City State Zip Code
 Gahanna OH 43230-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Affordable Care Health Clinic NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : C3221765
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 23 OF 48
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Francis Neuzil, Jr. Jr.

Mailing Address PO Box 1804

City Lady Lake State FL Zip Code 32158-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer Allergy, Sinus and Asthma FHC Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **09 / 08 / 2015**

Transaction ID : C3221564

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
B. Jean Marie Osborne

Mailing Address 2488 Walters Ct

City Bellmore State NY Zip Code 11710-4823

FEC ID number of contributing federal political committee. **C**

Name of Employer South Nassau Communities Hospital Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt **12 / 18 / 2015**

Transaction ID : C3222610

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)
C. Peggy Ostrander

Mailing Address 4216 Eldorado Dr

City Plano State TX Zip Code 75093-6019

FEC ID number of contributing federal political committee. **C**

Name of Employer INSTITUTE OF HEALTH PROMOTION Occupation FNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : C3222080

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **225.00**

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

**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 24 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Vanessa Pomarico-Denino
 Full Name (Last, First, Middle Initial)
 Mailing Address 286 Cook Hill Rd
 City Wallingford State CT Zip Code 06492-3331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Medical Group Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 21 / 2015
Transaction ID : C3220840
 Amount of Each Receipt this Period 75.00

B. Vanessa Pomarico-Denino
 Full Name (Last, First, Middle Initial)
 Mailing Address 286 Cook Hill Rd
 City Wallingford State CT Zip Code 06492-3331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Medical Group Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 02 / 2015
Transaction ID : C322096
 Amount of Each Receipt this Period 50.00

c. Lynn Rapsilber
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 Fairlawn Dr
 City Torrington State CT Zip Code 06790-5809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Litchfield County Gastro Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 11 / 02 / 2015
Transaction ID : C322062
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 25 OF 48
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Grace Reilly

Mailing Address 914 Bay Ave

City State Zip Code
Point Pleasant Beach NJ 08742-3065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Meridian Health System NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
09 / 12 / 2015

Transaction ID : C3221395

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Grace Reilly

Mailing Address 914 Bay Ave

City State Zip Code
Point Pleasant Beach NJ 08742-3065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Meridian Health System NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
10 / 06 / 2015

Transaction ID : C3221740

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Grace Reilly

Mailing Address 914 Bay Ave

City State Zip Code
Point Pleasant Beach NJ 08742-3065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Meridian Health System NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
12 / 18 / 2015

Transaction ID : C3222575

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **55.00**

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

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

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

FOR LINE NUMBER: PAGE 26 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Sheri Rickman Patrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 1932 Bastona Dr
 City Elk Grove State CA Zip Code 95758-7103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capitol Family Medical Assoc Occupation FNP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 22 / 2015
Transaction ID : C3221434
 Amount of Each Receipt this Period 40.00

B. Cheryl Rising
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Ash Coulee PI
 City Bismarck State ND Zip Code 58503-8819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prairie Assisted Living Svcs Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 22 / 2015
Transaction ID : C3220745
 Amount of Each Receipt this Period 25.00

c. Cheryl Rising
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Ash Coulee PI
 City Bismarck State ND Zip Code 58503-8819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prairie Assisted Living Svcs Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 13 / 2015
Transaction ID : C3221149
 Amount of Each Receipt this Period 5.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

**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 27 OF 48
	<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	

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Cheryl Rising
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Ash Coulee Pl
 City Bismarck State ND Zip Code 58503-8819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Prairie Assisted Living Svcs NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2015
Transaction ID : C3222095
 Amount of Each Receipt this Period
 25.00

B. Michael Rothstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Liberty Rd
 City Tappan State NY Zip Code 10983-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York College of Podiatric Medicine NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : C3220991
 Amount of Each Receipt this Period
 200.00

C. Michael Rothstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Liberty Rd
 City Tappan State NY Zip Code 10983-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 New York College of Podiatric Medicine NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2015
Transaction ID : C3221339
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

**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 28 OF 48
	<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	

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Julie Stanik-Hutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 Bay Hills Dr
 City Arnold State MD Zip Code 21012-2004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins University Occupation Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2015
Transaction ID : C3221359
 Amount of Each Receipt this Period
 200.00

B. Sheryl Steadman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2587 W Ledgewood Dr
 City Taylorsville State UT Zip Code 84129-7318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : C3221989
 Amount of Each Receipt this Period
 300.00

C. Michelle Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 1958 SW Panther Trce
 City Stuart State FL Zip Code 34997-4849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin Health System Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : C3220795
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	510.00
TOTAL This Period (last page this line number only).....▶	

**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 29 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Gwen Verchota
 Full Name (Last, First, Middle Initial)
 Mailing Address 1641 Stonegate Ct
 City State Zip Code
 Hastings MN 55033-8594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virtuwell NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2015
Transaction ID : C3221209
 Amount of Each Receipt this Period
 50.00

B. Deborah Wachtel
 Full Name (Last, First, Middle Initial)
 Mailing Address 286 Brigham Hill Rd
 City State Zip Code
 Essex Junction VT 05452-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Central Vermont Endocrinology NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : C3222066
 Amount of Each Receipt this Period
 20.00

C. Allison Walton
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Whitcover Cir
 City State Zip Code
 Charlottesville VA 22901-3764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Virginia NP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2015
Transaction ID : C3222606
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

**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 30 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Kathy Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Ashby Ct
 City Versailles State KY Zip Code 40383-1549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kentucky Healthcare Occupation NP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **10 / 14 / 2015**
Transaction ID : C3221866
 Amount of Each Receipt this Period **100.00**

B. Kathy Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Ashby Ct
 City Versailles State KY Zip Code 40383-1549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kentucky Healthcare Occupation NP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **320.00**

Date of Receipt **12 / 21 / 2015**
Transaction ID : C322586
 Amount of Each Receipt this Period **100.00**

C. Elaine Whyte
 Full Name (Last, First, Middle Initial)
 Mailing Address 3438 N Canterbury Lake Dr
 City Hernando State FL Zip Code 34442-5480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Citrus Gastroenterology Occupation NP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 11 / 2015**
Transaction ID : C3221089
 Amount of Each Receipt this Period **150.00**

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 48
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Elaine Whyte
Full Name (Last, First, Middle Initial)
Mailing Address 3438 N Canterbury Lake Dr
City State Zip Code
Hernando FL 34442-5480
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Citrus Gastroenterology NP
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2015
Transaction ID : C3221587
Amount of Each Receipt this Period
100.00

B. Veronica Wilbur
Full Name (Last, First, Middle Initial)
Mailing Address 221 Willow Way
City State Zip Code
Lincoln University PA 19352-1224
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wilmington University NP
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
490.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015
Transaction ID : C3221358
Amount of Each Receipt this Period
100.00

C. Shanna Witges
Full Name (Last, First, Middle Initial)
Mailing Address 212 E PLUM ST
City State Zip Code
COLUMBIA IL 62236-2220
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Family practice associates FNP-C
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2015
Transaction ID : C3221252
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 32 OF 48
(check only one)
 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Janette Zdanuk

Mailing Address 6612 Fairway Dr

City State Zip Code
Westworth Village TX 76114-4034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Visiting Physicians FNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
740.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015

Transaction ID : C3220793

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	8175.00

**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 33 OF 48
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 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 PRACTITIONERS POLITICAL ACTION COMMITTEE

A. CANTOR FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 17813
 City RICHMOND State VA Zip Code 23226
 FEC ID number of contributing federal political committee. **C** C00355461
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2015
Transaction ID : C3222725
 Amount of Each Receipt this Period
 150.00

B. FRIENDS FOR HARRY REID
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 19163
 City LAS VEGAS State NV Zip Code 89132
 FEC ID number of contributing federal political committee. **C** C00204370
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2015
Transaction ID : C3222715
 Amount of Each Receipt this Period
 2000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2150.00
TOTAL This Period (last page this line number only).....▶	2150.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PRAIRIELAND PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : D169983

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COUNTRY ROADS PAC

Mailing Address PO BOX 1387

City CHARLESTON State WV Zip Code 25325

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : D170050

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Project West PAC

Mailing Address 9227 E Lincoln Ave
200-435

City Lone Tree State CO Zip Code 80124-5506

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : D170051

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2015

Mailing Address PO BOX 30344

Transaction ID : D170052

City State Zip Code
BETHESDA MD 20824

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Campaign Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Grassley Hawkeye Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Mailing Address PO Box 25132

Transaction ID : D170053

City State Zip Code
Saint Paul MN 55125-0132

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Campaign Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2015

Mailing Address 175 S. WEST TEMPLE, SUITE 650

Transaction ID : D170054

City State Zip Code
SALT LAKE CITY UT 84101

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Campaign Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ORRINPAC

Mailing Address 175 S. WEST TEMPLE, SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	14	/	2015

Transaction ID : D170055

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. NARRAGANSETT BAY PAC

Mailing Address PO BOX 8628

City State Zip Code
CRANSTON RI 02920

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	02	/	2015

Transaction ID : D170056

Amount of Each Disbursement this Period

2000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I
SUITE 6

City State Zip Code
SCOTTSBLUFF NE 69361

Purpose of Disbursement
Campaign Contribution

Candidate Name

ADRIAN SMITH

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	16	/	2015

Transaction ID : D169990

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 640

City TOTOWA State NJ Zip Code 07511

Purpose of Disbursement
Campaign Contribution

Candidate Name

WILLIAM J. HON. JR. PASCRELL

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

Transaction ID : D169991

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BOB CASEY FOR SENATE INC

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Campaign Contribution

Candidate Name

ROBERT P JR CASEY

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2015			

Transaction ID : D169984

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LATTA FOR CONGRESS

Mailing Address P.O. BOX 106

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement
Campaign Contribution

Candidate Name

ROBERT EDWARD LATTA

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2015			

Transaction ID : D169992

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City State Zip Code
WHEELING WV 26003

Purpose of Disbursement
Campaign Contribution

Candidate Name

DAVID B MCKINLEY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	5

Transaction ID : D169998

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City State Zip Code
EAST LANSING MI 48826

Purpose of Disbursement
Campaign Contribution

Candidate Name

DEBBIE STABENOW

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Transaction ID : D170012

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City State Zip Code
SACRAMENTO CA 95812

Purpose of Disbursement
Campaign Contribution

Candidate Name

DORIS MATSUI

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Transaction ID : D170009

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0

3	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE HOLLADAY, #105

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Campaign Contribution

Candidate Name

EARL BLUMENAUER

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2015

Transaction ID : D170008

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
Campaign Contribution

Candidate Name

ED WHITFIELD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	08	/	2015

Transaction ID : D170016

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
Campaign Contribution

Candidate Name

FRANK JR PALLONE

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	20	/	2015

Transaction ID : D169989

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SUSAN BROOKS

Mailing Address 9425 N Meridian St
237

City Indianapolis State IN Zip Code 46260-1308

Purpose of Disbursement
Campaign Contribution

Candidate Name
Susan Brooks

Office Sought: House
 Senate
 President
State: IN District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2015

Transaction ID : D169985

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement
Campaign Contribution

Candidate Name
SAMUEL B JR 'SAM' GRAVES

Office Sought: House
 Senate
 President
State: MO District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2015

Transaction ID : D169981

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GREGG HARPER FOR CONGRESS

Mailing Address POST OFFICE BOX 54344

City PEARL State MS Zip Code 39288

Purpose of Disbursement
Campaign Contribution

Candidate Name
GREGG HARPER

Office Sought: House
 Senate
 President
State: MS District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2015

Transaction ID : D169996

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement
Campaign Contribution

Candidate Name

GREGORY P MR. WALDEN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Transaction ID : D170002

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO BOX 21786

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
Campaign Contribution

Candidate Name

JAMES MCDERMOTT

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	5

Transaction ID : D169995

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement
Campaign Contribution

Candidate Name

JOHN HARDY ISAKSON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Transaction ID : D170003

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KAREN BASS FOR CONGRESS

Mailing Address 777 S. FIGUEROA STREET
SUITE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
Campaign Contribution

Candidate Name

KAREN BASS

Office Sought: House
 Senate
 President
State: CA District: 33

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2015

Transaction ID : D170004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KATHERINE CLARK FOR CONGRESS

Mailing Address PO Box 361

City Malden State MA Zip Code 02148-0004

Purpose of Disbursement
Campaign Contribution

Candidate Name

Katherine Clark

Office Sought: House
 Senate
 President
State: MA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	22	/	2015

Transaction ID : D170006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement
Campaign Contribution

Candidate Name

KURT SCHRADER

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2015

Transaction ID : D170005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LISA MURKOWSKI FOR US SENATE

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement
Campaign Contribution

Candidate Name

LISA MURKOWSKI

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	5

Transaction ID : D169999

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. LUCILLE ROYBAL-ALLARD FOR CONGRESS

Mailing Address 6 E STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign Contribution

Candidate Name

LUCILLE ROYBAL-ALLARD

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	1	5

Transaction ID : D169988

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. KIRK FOR SENATE

Mailing Address P.O. BOX 8

City WINNETKA State IL Zip Code 60093

Purpose of Disbursement
Campaign Contribution

Candidate Name

MARK STEVEN KIRK

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	5

Transaction ID : D169997

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Marisol Balisteri

Mailing Address 7744 Volclay Dr

City San Diego State CA Zip Code 92119-1222

Purpose of Disbursement
Proceeds for Cash Raffle Prize

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2015

Transaction ID : D170065

Amount of Each Disbursement this Period

490.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

490.00

490.00