

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Association of Missouri Nurse Practitioner's
Political Action Committee

ADDRESS (number and street) 104 Kingsley Dr

(Check if address is changed)

Monett MO 65708-1073
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

missourinp@yahoo.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.am-np.org

2. DATE 08 07 2015

3. FEC IDENTIFICATION NUMBER C 00581751

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Russell Chapman, CEO, Deputy Treasurer

Signature of Treasurer  Date 08 07 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Full Name of Designated Agent

Russell Chapman

Mailing Address

104 Kingsley Dr

Monett

CITY

Mo

STATE

65708-1073

ZIP CODE

Title or Position

CEO, Deputy Treasurer

Telephone number

417-576-7389

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Arvest Bank

Mailing Address

100 E Broadway

Monett

CITY

Mo

STATE

65708-1073

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

1-800-438-0000

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Sociation Mo Nurse Practitioners
A Kingsley For
Mett, MO 65708

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MONETT, MO
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Commission
Campaign

Federal Election

999 E Street, NW

Washington, DC 20463

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