

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) PO BOX 12846
Check if different than previously reported. (ACC) AUSTIN TX 78711

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00358903 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2013 through 12 / 31 / 2013

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

Type or Print Name of Treasurer MEREDITH HEYDE

Signature of Treasurer MEREDITH HEYDE [Electronically Filed] Date 01 / 31 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2013"/>	<input type="text" value="185061.63"/>	<input type="text" value="185061.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="326834.92"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="73627.00"/>	<input type="text" value="234142.29"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="400461.92"/>	<input type="text" value="419203.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="80251.08"/>	<input type="text" value="98993.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="320210.84"/>	<input type="text" value="320210.84"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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)

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

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

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).....	13768.00	52518.00
(ii) Unitemized	59859.00	130237.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	73627.00	182755.00
(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)	73627.00	182755.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	51387.29
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	73627.00	234142.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	73627.00	234142.29

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	251.08	11493.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	251.08	11493.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80000.00	87500.00
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	0.00	0.00
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)) ..	80251.08	98993.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80251.08	98993.08

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)	73627.00	182755.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73627.00	182755.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	251.08	11493.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	251.08	11493.08

**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 6 OF 56
	<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. JULIE ADKINS
Full Name (Last, First, Middle Initial)

Mailing Address 208 SUSANN DRIVE

City WEST FRANKFORT State IL Zip Code 62896-1937

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

Name of Employer SIMCA Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 13 / 2013
Transaction ID : SA11AI.5538

Amount of Each Receipt this Period 100.00

Donation

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

Mailing Address 6547 E. SAINT JAMES PL

City BEL AIRE State KS Zip Code 67226-1438

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

Name of Employer BEHAVIORAL HEALTH AND ADDICTIO Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 21 / 2013
Transaction ID : SA11AI.5543

Amount of Each Receipt this Period 260.00

DONATION

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

Mailing Address P.O. Box 321

City Perryville State MD Zip Code 21903-0321

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

Name of Employer Take Care Health Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 11 / 02 / 2013
Transaction ID : SA11AI.5545

Amount of Each Receipt this Period 20.00

DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 380.00

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 7 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. NANCY ASKINS
Full Name (Last, First, Middle Initial)

Mailing Address 60 GROCE RD

City FAYETTEVILLE State TN Zip Code 37334-6575

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

Name of Employer: TN DEPT OF HEALTH Occupation: NP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 15 / 2013
Transaction ID : SA11AI.5546

Amount of Each Receipt this Period: 250.00

DONATION

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

Mailing Address 3060 Rainbow Ln

City Richfield State OH Zip Code 44286

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

Name of Employer: Northeast Ohio Cardiovascular Occupation: ACNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 11 / 19 / 2013
Transaction ID : SA11AI.5548

Amount of Each Receipt this Period: 100.00

DONATION

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

Mailing Address 6611 S. BENECIA DR.

City SALT LAKE CITY State UT Zip Code 84121-3487

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

Name of Employer: MARATHON HEALTH AND WELLNESS Occupation: NP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2013
Transaction ID : SA11AI.5554

Amount of Each Receipt this Period: 500.00

DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 8 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. MARY BEHRENS
Full Name (Last, First, Middle Initial)

Mailing Address 5504 E. 22ND ST.

City CASPER	State WY	Zip Code 82609-4618
----------------	-------------	------------------------

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

Name of Employer WEST SIDE WOMEN'S CLINIC	Occupation NP
--	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2013

Transaction ID : SA11AI.5560

Amount of Each Receipt this Period

380.00

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

Mailing Address 258 LOWE RD.

City LUMBERTON	State NC	Zip Code 28360
-------------------	-------------	-------------------

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

Name of Employer RIVER QUEST MEDICAL CARE PA	Occupation NP
---	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2013

Transaction ID : SA11AI.5561

Amount of Each Receipt this Period

100.00

DONATION

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

Mailing Address 258 LOWE RD.

City LUMBERTON	State NC	Zip Code 28360
-------------------	-------------	-------------------

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

Name of Employer RIVER QUEST MEDICAL CARE PA	Occupation NP
---	------------------

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
12	/	04	/	2013

Transaction ID : SA11AI.5562

Amount of Each Receipt this Period

500.00

DONATION

SUBTOTAL of Receipts This Page (optional).....▶	980.00
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 9 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Andrea Brassard
Full Name (Last, First, Middle Initial)

Mailing Address 4701 Ramsgate Ln.

City Bowie State MD Zip Code 20715-3216

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

Name of Employer Healing Clinic at Family Medic Occupation FNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **11 / 26 / 2013**

Transaction ID : SA11AI.5563

Amount of Each Receipt this Period **200.00**

DONATION

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

Mailing Address 115 REXFORD PL

City THOUSAND OAKS State CA Zip Code 91360-5345

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

Name of Employer INTERVENTIONAL CARDIOLOGY MEDI Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **07 / 01 / 2013**

Transaction ID : SA11AI.5564

Amount of Each Receipt this Period **200.00**

DONATION

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

Mailing Address 115 REXFORD PL

City THOUSAND OAKS State CA Zip Code 91360-5345

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

Name of Employer INTERVENTIONAL CARDIOLOGY MEDI Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **10 / 19 / 2013**

Transaction ID : SA11AI.5566

Amount of Each Receipt this Period **25.00**

DONATION

SUBTOTAL of Receipts This Page (optional).....▶	245.00
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 10 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. LINDA DAVIDSON
Full Name (Last, First, Middle Initial)

Mailing Address 24173 FANTASY CT

City BRISTOL State VA Zip Code 24202-4420

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

Name of Employer WELLMONT ASSOC. EXIT 7 Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA11AI.5567

Amount of Each Receipt this Period
 100.00

DONATION

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

Mailing Address 24173 FANTASY CT

City BRISTOL State VA Zip Code 24202-4420

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

Name of Employer WELLMONT ASSOC. EXIT 7 Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 283.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2013

Transaction ID : SA11AI.5569

Amount of Each Receipt this Period
 183.00

DONATION

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

Mailing Address 2425 MANVILLE LN

City MONROVIA State IN Zip Code 46157-8910

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

Name of Employer Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.5573

Amount of Each Receipt this Period
 200.00

DONATION

SUBTOTAL of Receipts This Page (optional).....▶	483.00
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 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. MARILYN DOLLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2425 MANVILLE LN
 City MONROVIA State IN Zip Code 46157-8910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2013
Transaction ID : SA11AI.5574
 Amount of Each Receipt this Period 50.00
 DONATION

B. Joy Elwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Interlaken Dr
 City Eastchester State NY Zip Code 10709-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation FNP
 Joy Elwell FNP, LLC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 26 / 2013
Transaction ID : SA11AI.5575
 Amount of Each Receipt this Period 20.00
 DONATION

C. TIMOTHY FAHEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13523 SLEEPY OAKS LN
 City SAN ANTONIO State TX Zip Code 78253-5363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation NP
 HUMANA YOUR HOME ADV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2013
Transaction ID : SA11AI.5576
 Amount of Each Receipt this Period 500.00
 DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 570.00
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 56
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DIANE FILTER		Date of Receipt
Mailing Address 229 W. UPSAL ST.		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
PHILADELPHIA	PA	19119-4009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5578
Name of Employer	Occupation	Amount of Each Receipt this Period
ESPERANZA HEALTH CTR	NP	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	DONATION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. JEANNE FINDLAY		Date of Receipt
Mailing Address 1230 OVERBROOK DR.		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
GAFFNEY	SC	29341-1064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5580
Name of Employer	Occupation	Amount of Each Receipt this Period
CHEROKEE CHILDRENS CLINIC, PA	NP	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	DONATION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="125.00"/>	

Full Name (Last, First, Middle Initial) C. JEANNE FINDLAY		Date of Receipt
Mailing Address 1230 OVERBROOK DR.		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
GAFFNEY	SC	29341-1064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.5582
Name of Employer	Occupation	Amount of Each Receipt this Period
CHEROKEE CHILDRENS CLINIC, PA	NP	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	DONATION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="245.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="495.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 13 OF 56
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. MARY GAGAN
Full Name (Last, First, Middle Initial)

Mailing Address 25 D RUAWAI RD

City	State	Zip Code
MOUNT WELLINGTON	ZZ	10600

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

Name of Employer	Occupation
CTR FOR POST GRAD NURSING EDUC	NP FACULTY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2013

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period
200.00

DONATION

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

Mailing Address 25 D RUAWAI RD

City	State	Zip Code
MOUNT WELLINGTON	ZZ	10600

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

Name of Employer	Occupation
CTR FOR POST GRAD NURSING EDUC	NP FACULTY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2013

Transaction ID : SA11AI.5585

Amount of Each Receipt this Period
25.00

DONATION

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

Mailing Address 3325 BOUGAINVILLEA ST

City	State	Zip Code
SARASOTA	FL	34239-5704

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

Name of Employer	Occupation
SARASOTA ASSISTING CTR	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	/	25	/	2013

Transaction ID : SA11AI.5586

Amount of Each Receipt this Period
250.00

DONATION

SUBTOTAL of Receipts This Page (optional).....▶	475.00
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 14 OF 56
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Linda Gehrke		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013
Mailing Address 2301 Georgetown Dr.		Transaction ID : SA11AI.5588
City Iowa Falls	State IA	Zip Code 50126-1550
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Hubbard Medical Clinic	Occupation FNP	DONATION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Angela Golden		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2013
Mailing Address P.O. Box 25959		Transaction ID : SA11AI.5589
City Munds Park	State AZ	Zip Code 86017-5959
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Home LLC	Occupation Nurse Practitioner	DONATION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) C. JESUS HERNANDEZ		Date of Receipt M M / D D / Y Y Y Y Y 12 / 08 / 2013
Mailing Address 837 ARREDONDO DR		Transaction ID : SA11AI.5590
City EL PASO	State TX	Zip Code 79912-1450
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00	
Name of Employer	Occupation NP	DONATION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 15 OF 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. BRETT HOLLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2440 E. TUDOR RD
 City ANCHORAGE State AK Zip Code 99507-1185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.5592
 Amount of Each Receipt this Period
 200.00
 DONATION

B. BRETT HOLLIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2440 E. TUDOR RD
 City ANCHORAGE State AK Zip Code 99507-1185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation NP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.5594
 Amount of Each Receipt this Period
 200.00
 DONATION

C. Julia James
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 127 129 S. Main St.
 City Clio State SC Zip Code 29525-0127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation NP
 Marlboro Primary Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.5595
 Amount of Each Receipt this Period
 80.00
 DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 480.00
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 56
	<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
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. SUSAN JOHNSTON
Full Name (Last, First, Middle Initial)

Mailing Address 154 FIELDBROOK LN

City MONROE State VA Zip Code 24574-2712

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

Name of Employer Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 09 / 23 / 2013
Transaction ID : SA11AI.5596

Amount of Each Receipt this Period
 50.00

DONATION

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

Mailing Address 154 FIELDBROOK LN

City MONROE State VA Zip Code 24574-2712

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

Name of Employer Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 11 / 27 / 2013
Transaction ID : SA11AI.5598

Amount of Each Receipt this Period
 250.00

DONATION

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

Mailing Address 5809 MIDDLE CREST DR.

City AGOURA HILLS State CA Zip Code 91301-4606

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

Name of Employer Occupation NP
IPC THE HOSPITALIST COMPANY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 15 / 2013
Transaction ID : SA11AI.5599

Amount of Each Receipt this Period
 250.00

DONATION

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: (check only one)	PAGE 17 OF 56
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Mary Koslap-Petraco
Full Name (Last, First, Middle Initial)

Mailing Address 73 Ireland PI

City Amityville State NY Zip Code 11701-2955

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

Name of Employer Suffolk Cty Dept of Health 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 / 01 / 2013
Transaction ID : SA11AI.5601

Amount of Each Receipt this Period
 50.00

DONATION

B. Mary Koslap-Petraco
Full Name (Last, First, Middle Initial)

Mailing Address 73 Ireland PI

City Amityville State NY Zip Code 11701-2955

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

Name of Employer Suffolk Cty Dept of Health Occupation NP

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
 11 / 26 / 2013
Transaction ID : SA11AI.5602

Amount of Each Receipt this Period
 20.00

DONATION

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

Mailing Address 1343 BANDERA HWY

City KERRVILLE State TX Zip Code 78028-9742

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

Name of Employer ESP Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2013
Transaction ID : SA11AI.5603

Amount of Each Receipt this Period
 25.00

DONATION

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 56
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. JULIE LUNSFORD
Full Name (Last, First, Middle Initial)

Mailing Address 1343 BANDERA HWY

City KERRVILLE State TX Zip Code 78028-9742

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

Name of Employer ESP Occupation 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
 12 / 20 / 2013

Transaction ID : SA11AI.5605

Amount of Each Receipt this Period
 260.00

DONATION

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

Mailing Address 3245 S. ATLANTIC AVE.

City DAYTONA BEACH State FL Zip Code 32118-8203

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

Name of Employer FLORIDA HOSPITAL Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2013

Transaction ID : SA11AI.5606

Amount of Each Receipt this Period
 260.00

DONATION

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

Mailing Address 1921 W. SANIBEL CT.

City LITTLETON State CO Zip Code 80120-8133

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

Name of Employer STONY BROOK UNIV HOSP Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.5608

Amount of Each Receipt this Period
 200.00

DONATION

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 19 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. JEANNE MARTIN
Full Name (Last, First, Middle Initial)

Mailing Address 1921 W. SANIBEL CT.

City LITTLETON State CO Zip Code 80120-8133

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

Name of Employer STONY BROOK UNIV HOSP Occupation 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
 11 / 26 / 2013
Transaction ID : SA11AI.5610

Amount of Each Receipt this Period
 50.00

DONATION

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

Mailing Address 7868 WATT HILL RD

City ROSEVILLE State OH Zip Code 43777-9627

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

Name of Employer VANDERBILT UNIV SCH OF NURSING Occupation NP FACULTY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.5611

Amount of Each Receipt this Period
 200.00

DONATION

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

Mailing Address 7868 WATT HILL RD

City ROSEVILLE State OH Zip Code 43777-9627

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

Name of Employer VANDERBILT UNIV SCH OF NURSING Occupation NP FACULTY

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
 08 / 02 / 2013
Transaction ID : SA11AI.5613

Amount of Each Receipt this Period
 150.00

DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 20 OF 56
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. SANDRA MCCOY
Full Name (Last, First, Middle Initial)

Mailing Address 3919 PLANTATION DR.

City COOKEVILLE State TN Zip Code 38506-6101

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

Name of Employer NORTHSTAR SURGERY CENTER Occupation 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
 07 / 01 / 2013

Transaction ID : SA11AI.5616

Amount of Each Receipt this Period
 250.00

DONATION

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

Mailing Address 4115 CANDLEWOOD LN

City MANVEL State TX Zip Code 77578-5605

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation 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
 11 / 13 / 2013

Transaction ID : SA11AI.5617

Amount of Each Receipt this Period
 250.00

DONATION

c. Margaret O'Donnell
Full Name (Last, First, Middle Initial)

Mailing Address 1117 Northern Blvd.

City Baldwin State NY Zip Code 11510-4914

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

Name of Employer South Wassau Community Hosp Occupation FNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2013

Transaction ID : SA11AI.5619

Amount of Each Receipt this Period
 25.00

DONATION

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 21 OF 56
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. JILL OLMSTEAD
Full Name (Last, First, Middle Initial)

Mailing Address 1847 SUNNYCREST DR

City FULLERTON State CA Zip Code 92835-3616

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

Name of Employer ST JOSEPH HERITAGE HEALTHCARE 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
 07 / 01 / 2013
Transaction ID : SA11AI.5620

Amount of Each Receipt this Period
 300.00

DONATION

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

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 NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.5622

Amount of Each Receipt this Period
 200.00

DONATION

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

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 NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2013
Transaction ID : SA11AI.5624

Amount of Each Receipt this Period
 25.00

DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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 22 OF 56
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Marylee Pakieser		Date of Receipt
Mailing Address 1230 Randall Ct.		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Traverse City MI 49686-2859		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5625
Name of Employer Occupation VHA NP		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="100.00"/>
Aggregate Year-to-Date ▼		DONATION
<input type="text" value="340.00"/>		

Full Name (Last, First, Middle Initial) B. RENATA PEYREAU		Date of Receipt
Mailing Address 7 BRANDENBERRY CT		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code THE WOODLANDS TX 77381-5110		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5626
Name of Employer Occupation NP		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="200.00"/>
Aggregate Year-to-Date ▼		DONATION
<input type="text" value="200.00"/>		

Full Name (Last, First, Middle Initial) C. RENATA PEYREAU		Date of Receipt
Mailing Address 7 BRANDENBERRY CT		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code THE WOODLANDS TX 77381-5110		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5628
Name of Employer Occupation NP		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="500.00"/>
Aggregate Year-to-Date ▼		DONATION
<input type="text" value="700.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 23 OF 56
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. YVONNE PINEIRO
Full Name (Last, First, Middle Initial)

Mailing Address 729 ROANOKE AVE.

City RIVERHEAD State NY Zip Code 11901-2789

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

Name of Employer ROANOKE AVE. HEALTH CARE Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 10 / 2013
Transaction ID : SA11AI.5629

Amount of Each Receipt this Period 1000.00

DONATION

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

Mailing Address 706 N. MANSFIELD ST.

City YPSILANTI State MI Zip Code 48197-2031

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

Name of Employer Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 01 / 2013
Transaction ID : SA11AI.5631

Amount of Each Receipt this Period 200.00

DONATION

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

Mailing Address 706 N. MANSFIELD ST.

City YPSILANTI State MI Zip Code 48197-2031

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

Name of Employer Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 09 / 2013
Transaction ID : SA11AI.5633

Amount of Each Receipt this Period 25.00

DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1225.00

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 56
	<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
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. KAREN PRESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 332 CATALINA DR.
 City MOORESVILLE State NC Zip Code 28117-8566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DAVIDSON FAMILY MEDICINE Occupation NP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **150.00**

Date of Receipt **09 / 11 / 2013**
Transaction ID : SA11AI.5634
 Amount of Each Receipt this Period **150.00**
 DONATION

B. KAREN PRESTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 332 CATALINA DR.
 City MOORESVILLE State NC Zip Code 28117-8566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DAVIDSON FAMILY MEDICINE Occupation NP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 08 / 2013**
Transaction ID : SA11AI.5636
 Amount of Each Receipt this Period **100.00**
 DONATION

C. JAMES QUINLAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15979 NW 165TH ST
 City WILLISTON State FL Zip Code 32696-4348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WILLISTON PEDIATRICS Occupation NP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 26 / 2013**
Transaction ID : SA11AI.5637
 Amount of Each Receipt this Period **250.00**
 DONATION

SUBTOTAL of Receipts This Page (optional).....	500.00
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 25 OF 56
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Lorraine Reiser
Full Name (Last, First, Middle Initial)
Mailing Address 3878 Brighton Rd
City Pittsburgh State PA Zip Code 15212
FEC ID number of contributing federal political committee. **C**
Name of Employer Hilltop Community Health Care Occupation NP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **290.00**

Date of Receipt **11 / 26 / 2013**
Transaction ID : SA11AI.5639
Amount of Each Receipt this Period **200.00**
DONATION

B. MICHAEL ROTHSTEIN
Full Name (Last, First, Middle Initial)
Mailing Address 22 LIBERTY RD
City TAPPAN State NY Zip Code 10983
FEC ID number of contributing federal political committee. **C**
Name of Employer FOOT CENTER OF NEW YORK Occupation NURSE PRACTITIONER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **125.00**

Date of Receipt **09 / 06 / 2013**
Transaction ID : SA11AI.5669
Amount of Each Receipt this Period **125.00**
DONATION

C. MICHAEL ROTHSTEIN
Full Name (Last, First, Middle Initial)
Mailing Address 22 LIBERTY RD
City TAPPAN State NY Zip Code 10983
FEC ID number of contributing federal political committee. **C**
Name of Employer FOOT CENTER OF NEW YORK Occupation NURSE PRACTITIONER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **275.00**

Date of Receipt **10 / 15 / 2013**
Transaction ID : SA11AI.5642
Amount of Each Receipt this Period **150.00**
DONATION

SUBTOTAL of Receipts This Page (optional)..... **295.00**
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 26 OF 56
	<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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. VERNA SCHAD
Full Name (Last, First, Middle Initial)
Mailing Address 63 SUNNYSIDE RD
City MAHWAH State NJ Zip Code 07430-1417
FEC ID number of contributing federal political committee. **C**
Name of Employer FAITH COMMUNITY CLINIC Occupation NP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 120.00

Date of Receipt 12 / 06 / 2013
Transaction ID : SA11AI.5643
Amount of Each Receipt this Period 120.00
DONATION

B. VERNA SCHAD
Full Name (Last, First, Middle Initial)
Mailing Address 63 SUNNYSIDE RD
City MAHWAH State NJ Zip Code 07430-1417
FEC ID number of contributing federal political committee. **C**
Name of Employer FAITH COMMUNITY CLINIC Occupation NP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 20 / 2013
Transaction ID : SA11AI.5645
Amount of Each Receipt this Period 120.00
DONATION

C. LORNA SCHUMANN
Full Name (Last, First, Middle Initial)
Mailing Address 18275 W. QUAIL LN
City POST FALLS State ID Zip Code 83854-6755
FEC ID number of contributing federal political committee. **C**
Name of Employer WASHINGTON STATE UNIV Occupation NP FACULTY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2013
Transaction ID : SA11AI.5646
Amount of Each Receipt this Period 250.00
DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00
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 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. CRAIG SELLERS
Full Name (Last, First, Middle Initial)
Mailing Address 183 CRAWFORD ST.
City ROCHESTER State NY Zip Code 14620-2419
FEC ID number of contributing federal political committee. **C**
Name of Employer UNIV OF ROCHESTER MED CTR Occupation NP FACULTY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **200.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.5648
Amount of Each Receipt this Period **200.00**
DONATION

B. CRAIG SELLERS
Full Name (Last, First, Middle Initial)
Mailing Address 183 CRAWFORD ST.
City ROCHESTER State NY Zip Code 14620-2419
FEC ID number of contributing federal political committee. **C**
Name of Employer UNIV OF ROCHESTER MED CTR Occupation NP FACULTY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **11 / 02 / 2013**
Transaction ID : SA11AI.5650
Amount of Each Receipt this Period **25.00**
DONATION

C. Janet Selway
Full Name (Last, First, Middle Initial)
Mailing Address 1718 Hunter Mill Rd
City White Hall State MD Zip Code 21161
FEC ID number of contributing federal political committee. **C**
Name of Employer Catholic University Occupation NP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **540.00**

Date of Receipt **11 / 02 / 2013**
Transaction ID : SA11AI.5651
Amount of Each Receipt this Period **20.00**
DONATION

SUBTOTAL of Receipts This Page (optional).....	245.00
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 56
	<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	

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. JOANNE THANAVARO
Full Name (Last, First, Middle Initial)

Mailing Address 973 DELVIN DR.

City SAINT LOUIS State MO Zip Code 63141-8800

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

Name of Employer GRANT MEDICAL CLINIC Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.5652

Amount of Each Receipt this Period
 200.00

DONATION

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

Mailing Address 973 DELVIN DR.

City SAINT LOUIS State MO Zip Code 63141-8800

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

Name of Employer GRANT MEDICAL CLINIC Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2013

Transaction ID : SA11AI.5654

Amount of Each Receipt this Period
 300.00

DONATION

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

Mailing Address 3061 SW 136TH CT.

City MIAMI State FL Zip Code 33175-6655

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

Name of Employer IDEAL IMAGE LASER HAIR REMOVAL Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.5655

Amount of Each Receipt this Period
 260.00

DONATION

SUBTOTAL of Receipts This Page (optional).....▶	760.00
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 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. MEGAN WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 868 JEFFERSON DR.

City GREENVILLE State MS Zip Code 38703-6067

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

Name of Employer MEETING HOUSE LN MEDICAL PRACT Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2013

Transaction ID : SA11AI.5657

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3717 BOLT BLVD

City JONESBORO State AR Zip Code 72401-8059

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

Name of Employer ARKANSAS STATE UNIVERSITY Occupation NP FACULTY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.5659

Amount of Each Receipt this Period
 200.00

DONATION

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

Mailing Address 3717 BOLT BLVD

City JONESBORO State AR Zip Code 72401-8059

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

Name of Employer ARKANSAS STATE UNIVERSITY Occupation NP FACULTY

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 / 06 / 2013

Transaction ID : SA11AI.5661

Amount of Each Receipt this Period
 100.00

DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 30 OF 56
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KAREN ZINK

Mailing Address 259 COUNTY ROAD 216

City DURANGO	State CO	Zip Code 81303-7815
-----------------	-------------	------------------------

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

Name of Employer ANIMAS SURGICAL HOSPITAL	Occupation NP
--	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	06	/	2013

Transaction ID : SA11AI.5662

Amount of Each Receipt this Period
500.00

DONATION

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	13768.00

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 2600 BURNET RD
#200

City AUSTIN State TX Zip Code 78757

Purpose of Disbursement
BANK CHECKS AND FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : SB21B.5672

Amount of Each Disbursement this Period

251.08

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

Amount of Each Disbursement this Period

--

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

251.08

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

251.08

**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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address 209 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2013

Transaction ID : SB23.5376

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL, SUITE 1425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2013

Transaction ID : SB23.5458

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILL OWENS FOR CONGRESS

Mailing Address PO BOX 1575

City PLATTSBURGH State NY Zip Code 12901

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2013

Transaction ID : SB23.5466

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)..... ▶

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**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

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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

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2013			

Transaction ID : SB23.5497

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : SB23.5499

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BONAMICI FOR CONGRESS

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2013			

Transaction ID : SB23.5420

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

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**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

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	3

Transaction ID : SB23.5402

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. BRALEY FOR IOWA

Mailing Address 501 3RD ST., NW, STE 210

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	3

Transaction ID : SB23.5472

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: DE District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.5529

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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

1	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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR COCHRAN

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: MS District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : SB23.5446

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement

Category/
Type

Office Sought: House Senate President
State: ME District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2013

Transaction ID : SB23.5390

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address PO BOX 1631

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President
State: MD District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : SB23.5507

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2013

Transaction ID : SB23.5444

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2013

Transaction ID : SB23.5479

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DUFFY FOR CONGRESS

Mailing Address PO BOX 538

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2013

Transaction ID : SB23.5481

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)..... ▶

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**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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. EDDIE BERNICE JOHNSON FOR CONGRESS

Mailing Address 3102 MAPLE AVENUE, SUITE 605

City DALLAS State TX Zip Code 75201

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	3

Transaction ID : SB23.5414

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	3

Transaction ID : SB23.5450

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City LAS VEGAS State NV Zip Code 89132

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 00

Date of Disbursement

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

Transaction ID : SB23.5462

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS FOR JIM MCDERMOTT

Mailing Address PO BOX 21786

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2013			

Transaction ID : SB23.5491

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GLENN THOMPSON

Mailing Address PO BOX 1112

City STATE COLLEGE State PA Zip Code 16804

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2013			

Transaction ID : SB23.5504

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JACK KINGSTON

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			08			2013			

Transaction ID : SB23.5396

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

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**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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 N STATE STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NH District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2013

Transaction ID : SB23.5456

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 17 / 2013

Transaction ID : SB23.5388

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NM District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : SB23.5511

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO

Mailing Address 129 CHURCH ST, STE 818

City NEW HAVEN State CT Zip Code 06510

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /
10 / 07 / 2013

Transaction ID : SB23.5460

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /
09 / 05 / 2013

Transaction ID : SB23.5406

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 15293

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 00

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 22 / 2013

Transaction ID : SB23.5392

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

FOR LINE NUMBER: (check only one)
21b 22 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

A. GARDNER FOR CONGRESS
Mailing Address 9227 E. LINCOLN AVE., #200-234
City LONE TREE State CO Zip Code 80124
Purpose of Disbursement 011
Candidate Name
Office Sought: [X] House [] Senate [] President
Disbursement For: 2014 [X] Primary [] General [] Other (specify)
State: CO District: 04
Date of Disbursement 10 / 08 / 2013
Transaction ID : SB23.5464
Amount of Each Disbursement this Period 1000.00

B. GEORGIANS FOR ISAKSON
Mailing Address POST OFFICE BOX 250116
City ATLANTA State GA Zip Code 30325
Purpose of Disbursement 011
Candidate Name
Office Sought: [] House [X] Senate [] President
Disbursement For: 2016 [X] Primary [] General [] Other (specify)
State: GA District: 00
Date of Disbursement 09 / 06 / 2013
Transaction ID : SB23.5412
Amount of Each Disbursement this Period 1000.00

C. HOYER FOR CONGRESS
Mailing Address 700 13TH STREET, NW SUITE 600
City WASHINGTON State DC Zip Code 20005
Purpose of Disbursement 011
Candidate Name
Office Sought: [X] House [] Senate [] President
Disbursement For: 2014 [X] Primary [] General [] Other (specify)
State: MD District: 05
Date of Disbursement 09 / 05 / 2013
Transaction ID : SB23.5410
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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. IOWANS FOR LATHAM

Mailing Address PO BOX 8237

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2013

Transaction ID : SB23.5525

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JEFF MERKLEY FOR OREGON

Mailing Address PO BOX 42307

City PORTLAND State OR Zip Code 97242

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OR District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : SB23.5398

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)

Mailing Address 410 1ST ST, SE
SUITE 310

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : SB23.5509

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

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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

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 37

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2013

Transaction ID : SB23.5470

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SB23.5485

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KIRKPATRICK FOR ARIZONA

Mailing Address PO BOX 12011

City CASA GRANDE State AZ Zip Code 85130

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2013

Transaction ID : SB23.5502

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5428

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement

011

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2013

Transaction ID : SB23.5531

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LEE TERRY FOR CONGRESS

Mailing Address PO BOX 540098

City OMAHA State NE Zip Code 68154

Purpose of Disbursement

011

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5436

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)
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Detailed Summary Page

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(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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LEVIN FOR CONGRESS

Mailing Address PO BOX 37

City ROSEVILLE State MI Zip Code 48066

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5426

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LISA MURKOWSKI FOR US SENATE

Mailing Address PO BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: AK District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2013

Transaction ID : SB23.5489

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5422

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)
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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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

011

Candidate Name

Office Sought: House Senate President
State: KS District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5424

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS, INC.

Mailing Address PO BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement

011

Candidate Name

Office Sought: House Senate President
State: TN District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5418

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MCKINLEY FOR CONGRESS

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement

011

Candidate Name

Office Sought: House Senate President
State: WV District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2013

Transaction ID : SB23.5454

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MIKE MCINTYRE FOR CONGRESS

Mailing Address P.O. BOX 1

City LUMBERTON State NC Zip Code 28359

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NC District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2013

Transaction ID : SB23.5487

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MIKULSKI FOR SENATE COMMITTEE

Mailing Address PO BOX 13147

City BALTIMORE State MD Zip Code 21203

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: MD District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2013

Transaction ID : SB23.5404

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: WA District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2013

Transaction ID : SB23.5400

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City WICHITA State KS Zip Code 67212

Purpose of Disbursement

011

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	3

Transaction ID : SB23.5430

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement

011

Category/
Type

Candidate Name
PORTMAN FOR SENATE COMMITTEE

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District: 00

Date of Disbursement

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

Transaction ID : SB23.5378

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: RI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	3

Transaction ID : SB23.5468

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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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
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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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: RI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2013

Transaction ID : SB23.5495

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2013

Transaction ID : SB23.5483

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)

Mailing Address P. O. BOX 1011

City WHEATON State IL Zip Code 60187

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2013

Transaction ID : SB23.5493

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)..... ▶

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**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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RYAN FOR CONGRESS, INC.

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5432

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SANFORD BISHOP FOR CONGRESS

Mailing Address P. O. BOX 909

City COLUMBUS State GA Zip Code 31902

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: GA District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5416

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: IL District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2013

Transaction ID : SB23.5474

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHELBY FOR U S SENATE

Mailing Address POST OFFICE BOX 1091

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AL District: 00

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : SB23.5448

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 00

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2013

Transaction ID : SB23.5519

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TX District: 00

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2013

Transaction ID : SB23.5384

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. THE HAWKEYE PAC

Mailing Address PO BOX 192

City DES MOINES State IA Zip Code 50301

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2013

Transaction ID : SB23.5523

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. THREE RIVERS POLITICAL ACTION COMMITTEE

Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2013

Transaction ID : SB23.5527

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City PTTSBURGH State PA Zip Code 15234

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: PA District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2013

Transaction ID : SB23.5517

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TITUS FOR CONGRESS

Mailing Address PO BOX 72454

City LAS VEGAS State NV Zip Code 89170

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2013			

Transaction ID : SB23.5515

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Mailing Address PO BOX 391

City GENEVA State NY Zip Code 14456

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			08			2013			

Transaction ID : SB23.5394

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address PO BOX 391

City GENEVA State NY Zip Code 14456

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2013			

Transaction ID : SB23.5513

Amount of Each Disbursement this Period

500.00

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

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

3000.00

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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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TO ORGANIZE A MAJORITY PAC (TOMPAC)

Mailing Address P.O. BOX 752

City DES MOINES State IA Zip Code 50303

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2013

Transaction ID : SB23.5452

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. UPTON VICTORY COMMITTEE

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: MI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2013

Transaction ID : SB23.5534

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Mailing Address 700 13TH STREET, NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2013

Transaction ID : SB23.5438

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

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

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

3000.00

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**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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: IL District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5434

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2013

Transaction ID : SB23.5382

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.5440

Amount of Each Disbursement this Period

1500.00

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

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

3500.00

**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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement

011

Candidate Name

Office Sought: House Senate President
State: VT District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2013

Transaction ID : SB23.5442

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

011

Candidate Name

Office Sought: House Senate President
State: KY District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2013

Transaction ID : SB23.5476

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WYDEN FOR OREGON

Mailing Address PO BOX 3271

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement

011

Candidate Name

Office Sought: House Senate President
State: OR District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : SB23.5521

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

80000.00