

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(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**

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

**A. Bailey, Louann, , ,**

Mailing Address 3060 Rainbow Ln

City  
Richfield

State  
OH

Zip Code  
44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Akron General Medical Center Cleveland

Occupation (for Individual)  
APRN Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.00

Date of Receipt

11 / 14 / 2019

**Transaction ID : 20191186135-82**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Bailey, Louann, , ,**

Mailing Address 3060 Rainbow Ln

City  
Richfield

State  
OH

Zip Code  
44286-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Akron General Medical Center Cleveland

Occupation (for Individual)  
APRN Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.00

Date of Receipt

11 / 16 / 2019

**Transaction ID : 20191186135-50**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Bornaiei, Maryam, , ,**

Mailing Address PO Box 94204

City  
Albuquerque

State  
NM

Zip Code  
87199-4204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Royal Medical Health

Occupation (for Individual)  
FNP-C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 14 / 2019

**Transaction ID : 20191186135-84**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

375.00