

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)

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☒ 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 ▼

255.00

Date of Receipt

03 / 09 / 2020

Transaction ID : 20200316695-110

Amount of Each Receipt this Period

25.00

☐ 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 ▼

255.00

Date of Receipt

03 / 09 / 2020

Transaction ID : 20200316695-111

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Baldrige, Kathy, , ,

Mailing Address 105 Vit Rd

City
Pineville

State
LA

Zip Code
71360-0101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Advanced Practice Education Associates

Occupation (for Individual)

Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

231.75

Date of Receipt

03 / 08 / 2020

Transaction ID : 202003096135-46

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

235.00