

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 75
(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

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

A. Anderson, Michelle, , ,Mailing Address 1207 Michigan St
CCity
SandpointState
IDZip Code
83864-6608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pend Oreille Health CareOccupation (for Individual)
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M	D D	Y Y Y Y
06	20	2019

Transaction ID : 201906246215-581

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Anderson, Michelle, , ,Mailing Address 1207 Michigan St
CCity
SandpointState
IDZip Code
83864-6608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pend Oreille Health CareOccupation (for Individual)
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M	D D	Y Y Y Y
06	21	2019

Transaction ID : 201906246215-304

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Bailey, Louann, , ,

Mailing Address 3060 Rainbow Ln

City
RichfieldState
OHZip Code
44286-9222FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Akron General Medical Center ClevelandOccupation (for Individual)
APRN Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M	D D	Y Y Y Y
06	20	2019

Transaction ID : 201906246215-550

Amount of Each Receipt this Period

1.00

☐ Memo Item

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

46.00

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