

# 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period   /   /      through   /   /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Selway, Janet, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Selway, Janet, , ,* [Electronically Filed] Date   /   /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value="414037.01"/>	<input type="text" value="414037.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="487763.01"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="12812.79"/>	<input type="text" value="209457.48"/>
(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="500575.80"/>	<input type="text" value="623494.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="86650.00"/>	<input type="text" value="209568.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="413925.80"/>	<input type="text" value="413925.80"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	2240.00	53552.89
(ii) Unitemized .....	10553.00	155359.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12793.00	208911.95
(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) .....	12793.00	208911.95
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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.).....	19.79	545.53
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)).....▶	12812.79	209457.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12812.79	209457.48

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	8685.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	8685.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86500.00	196000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	150.00	4245.00
(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)).....	150.00	4245.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	637.99
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	86650.00	209568.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86650.00	209568.69

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12793.00	208911.95
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	4245.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12643.00	204666.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	8685.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	8685.70

**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 35
<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

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. Alexander, Nanette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 N Moodus Rd  
 City Moodus State CT Zip Code 06469-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prime Health Care PC Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : C3638269**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Bryan, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 W Summit Ave  
 City Haddonfield State NJ Zip Code 08033-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UrbanPromise Ministries Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : C3638272**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Burkhart, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Jean Pl  
 City Edison State NJ Zip Code 08820-2512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Department of Veterans Affairs Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 11 / 08 / 2017  
**Transaction ID : C3638228**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 35
	<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. deClouet, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 216 Antigua Dr  
 City Lafayette State LA Zip Code 70503-5086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vermilion Behavioral Health Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : C3638194**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Dichiacchio, Toni, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 Top of the Rock Dr  
 City Morgantown State WV Zip Code 26508-1281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) West Virginia University Occupation (for Individual) NP/Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : C3638200**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Dick, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Old Westboro Rd  
 City North Grafton State MA Zip Code 01536-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMASS Medical School Occupation (for Individual) NP/Faculty  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : C3638201**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> 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 35
	<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. Furner, Beverlee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1647 Gold St  
 City Middleton State ID Zip Code 83644-5197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Alphonsus Medical Group Occupation (for Individual) 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  
 11 / 28 / 2017  
**Transaction ID : C3638119**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Halon, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Arrowhead Ln  
 City Raynham State MA Zip Code 02767-5247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Massachusetts Boston Occupation (for Individual) NP/Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : C3638211**  
 Amount of Each Receipt this Period  
 1.00  
 Memo Item

**C. Halon, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Arrowhead Ln  
 City Raynham State MA Zip Code 02767-5247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Massachusetts Boston Occupation (for Individual) NP/Faculty  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : C3638212**  
 Amount of Each Receipt this Period  
 24.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 35
	<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. Halon, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Arrowhead Ln  
 City Raynham State MA Zip Code 02767-5247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Massachusetts Boston Occupation (for Individual) NP/Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : C3638387**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Herberger, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8505 Paxton Ct  
 City Berwyn Heights State MD Zip Code 20740-2645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. Army Occupation (for Individual) FNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 11 / 20 / 2017  
**Transaction ID : C3638125**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Heyde, Meredith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Quail Ridge Dr  
 City Simpsonville State SC Zip Code 29680-6606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum/United Health Group Occupation (for Individual) FNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : C3638233**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**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 35
	<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. Hurley, Marianne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 Silver Lake Ave  
 City Wakefield State RI Zip Code 02879-4224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ Medicine/Geriatrics Occupation (for Individual) GNP/Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : C3638225**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Hurley, Marianne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 Silver Lake Ave  
 City Wakefield State RI Zip Code 02879-4224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ Medicine/Geriatrics Occupation (for Individual) GNP/Faculty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : C3638101**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Kidder, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 Chase Hill Rd 107  
 City Andover State NH Zip Code 03216-4105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LifelongCare Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : C3638224**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> 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 11 OF 35
	<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. Leners, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1280 21st St NW  
 Apt 603  
 City Washington State DC Zip Code 20036-2381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Association of College of Nur Occupation (for Individual) NP/Director of Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : C3638199**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Lewis-Caporal, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1718 W Jennifer Way  
 City Salt Lake City State UT Zip Code 84116-3014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Salt Lake City VA Medical Center Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : C3638166**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Martin-Plank, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 Ervin Rd  
 City Pipersville State PA Zip Code 18947-9391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Heartland Hospice Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2017  
**Transaction ID : C3638109**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> 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 35
<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. Moss, Lee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 828 E 17th Ave  
 City Salt Lake City State UT Zip Code 84103-3713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Utah Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : C3638099**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Odell, Annie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 63rd Pl Apt 9  
 City Long Beach State CA Zip Code 90803-5692  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Odell Medical Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 03 / 2017  
**Transaction ID : C3638257**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Pessagno, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1607 Bedford Rd  
 City Wilmington State DE Zip Code 19803-3711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Temenos Center Occupation (for Individual) Mental Health APRN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : C3637988**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<b>TOTAL</b> 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 13 OF 35
	<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. Rapsilber, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 253 Fairlawn Dr  
 City Torrington State CT Zip Code 06790-5809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Litchfield County Gastro Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt 11 / 29 / 2017  
**Transaction ID : C3638102**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Reyes, Imelda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 Piedmont Ave NE Unit 3325  
 City Atlanta State GA Zip Code 30308-4307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 26 / 2017  
**Transaction ID : C3638121**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Schmalig, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7163 W Rivulet Dr  
 City Tucson State AZ Zip Code 85743-8968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROVIDERS DIRECT, PLLC Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 07 / 2017  
**Transaction ID : C3638227**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> 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 35
	<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. Schrand, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6809 McCallum St  
 City Philadelphia State PA Zip Code 19119-3002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PA COALITION OF NP Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : C3638105**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Wachtel, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 286 Brigham Hill Rd  
 City Essex Junction State VT Zip Code 05452-2006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central Vermont Endocrinology Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 01 / 2017  
**Transaction ID : C3638229**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. White, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 N Country Club Dr  
 City Phoenix State AZ Zip Code 85014-5441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Phoenix Occupation (for Individual) NP/Faculty  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 28 / 2017  
**Transaction ID : C3638116**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2240.00



**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"/> 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. BOB CASEY FOR SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	06	/	2017

Mailing Address 700 13TH STREET NW SUITE 600

FEC Identification Number

C	C00431056
---	-----------

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
2018 Primary Campaign Contribution

011
Category/ Type

Transaction ID : D181226

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name  
**CASEY, ROBERT P JR, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: PA District: 00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUTTERFIELD FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	01	/	2017

Mailing Address 434 FAYETTEVILLE STREET SUITE 2020

FEC Identification Number

C	C00401190
---	-----------

City RALEIGH State NC Zip Code 27601

Purpose of Disbursement  
2018 Primary Campaign Contribution

011
Category/ Type

Transaction ID : D181206

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name  
**Butterfield, G.K., , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NC District: 01

Memo Item

Full Name (Last, First, Middle Initial)

**C. COFFMAN FOR CONGRESS 2016**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	06	/	2017

Mailing Address 4950 S YOSEMITE STREET F2 #511

FEC Identification Number

C	C00570457
---	-----------

City GREENWOOD VILLAGE State CO Zip Code 80111

Purpose of Disbursement  
2018 Primary Campaign Contribution

011
Category/ Type

Transaction ID : D181248

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name  
**Coffman, Mike, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CO District: 06

Memo Item

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

4000.00
---------

**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"/> 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. Common Sense Colorado**

Mailing Address PO Box 1978

City  
Denver

State  
CO

Zip Code  
80201-1978

Purpose of Disbursement  
2017 Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: District:

2017 Contribution

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181410**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. DELBENE FOR CONGRESS**

Mailing Address PO BOX 487

City  
BOTHELL

State  
WA

Zip Code  
98041

Purpose of Disbursement  
2018 Primary Campaign Contribution

Category/  
Type

Candidate Name

**DelBene, Suzan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WA District: 01

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181158**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. DONOVAN FOR CONGRESS**

Mailing Address PO BOX 60530

City  
STATEN ISLAND

State  
NY

Zip Code  
10306

Purpose of Disbursement  
2018 Primary Campaign Contribution

Category/  
Type

Candidate Name

**Donovan, Dan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 11

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181207**

Amount of Each Disbursement this Period

Memo Item

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

**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"/> 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. FREEDOM FUND**

Mailing Address 1155 21st Street, NW  
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement  
2017 Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: District:

2017 Contribution

Date of Disbursement

/  /

FEC Identification Number

**C** C00390674

**Transaction ID : D181408**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF GLENN THOMPSON**

Mailing Address 133 WATER TOWER LANE

City SPRING MILLS State PA Zip Code 16875

Purpose of Disbursement  
2018 Primary Campaign Contribution

**011**  
Category/  
Type

Candidate Name

**Thompson, Glenn, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: PA District: 05

Date of Disbursement

/  /

FEC Identification Number

**C** C00444620

**Transaction ID : D181209**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. GEORGIANS FOR ISAKSON**

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement  
2022 Primary Campaign Contribution

**011**  
Category/  
Type

Candidate Name

**Isakson, Johnny, , Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00384693

**Transaction ID : D181288**

Amount of Each Disbursement this Period

Memo Item

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

**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"/> 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. HAWKEYE PAC, THE**

Mailing Address PO Box 7255

City  
Des Moines

State  
IA

Zip Code  
50309

Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: District:

2017 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00379479

Transaction ID : D181681

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET NW  
SUITE 600

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00140715

Transaction ID : D181161

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 906

City  
MARIETTA

State  
OH

Zip Code  
45750

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

Johnson, Bill, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00476820

Transaction ID : D181166

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8500.00

**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"/> 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. KATHLEEN RICE FOR CONGRESS**

Mailing Address PO BOX 744

City  
MINEOLA

State  
NY

Zip Code  
11501

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

Rice, Kathleen, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00555813

Transaction ID : D181165

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KENNY MARCHANT FOR CONGRESS**

Mailing Address PO BOX 110187

City  
CARROLLTON

State  
TX

Zip Code  
75011

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

Marchant, Kenny, , Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: TX District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2017			

FEC Identification Number

C C00393348

Transaction ID : D181402

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 30632

City  
ROCHESTER

State  
NY

Zip Code  
14603

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

Slaughter, Louise, M., Rep.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2017			

FEC Identification Number

C C00213611

Transaction ID : D181401

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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. Making America Prosperous**

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152-0485

Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: District:

2017 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00445379

Transaction ID : D181213

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARK POCAN FOR CONGRESS**

Mailing Address PO BOX 327

City  
MADISON

State  
WI

Zip Code  
53701

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

Pocan, Mark, , Rep.,

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00502179

Transaction ID : D181205

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARK TAKANO FOR CONGRESS**

Mailing Address PO BOX 5214

City  
RIVERSIDE

State  
CA

Zip Code  
92517

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

Takano, Mark, , Rep.,

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2017			

FEC Identification Number

C C00498667

Transaction ID : D181252

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

5000.00

**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"/> 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. MARSHA BLACKBURN FOR CONGRESS, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2017			

Mailing Address PO BOX 3750

FEC Identification Number

C	C00376939
---	-----------

City BRENTWOOD State TN Zip Code 37024

Transaction ID : D181455

Purpose of Disbursement  
2018 Primary Campaign Contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Blackburn, Marsha, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

Memo Item

State: TN District: 07

Full Name (Last, First, Middle Initial)

**B. MCNERNEY FOR CONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

Mailing Address P.O. BOX 690371

FEC Identification Number

C	C00398644
---	-----------

City STOCKTON State CA Zip Code 95269

Transaction ID : D181159

Purpose of Disbursement  
2018 Primary Campaign Contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**McNerney, Jerry, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

Memo Item

State: CA District: 09

Full Name (Last, First, Middle Initial)

**C. MIKE THOMPSON FOR CONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

Mailing Address 5429 MADISON AVENUE

FEC Identification Number

C	C00326363
---	-----------

City SACRAMENTO State CA Zip Code 95841

Transaction ID : D181163

Purpose of Disbursement  
2018 Primary Campaign Contribution

011
Category/ Type

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Thompson, Mike, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

Memo Item

State: CA District: 05

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

4500.00
---------

**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"/> 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. OPPORTUNITY AND RENEWAL PAC**

Mailing Address PO Box 3462

City  
Portland

State  
OR

Zip Code  
97208-3462

Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: District:

2017 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2017			

FEC Identification Number

C C00460972

Transaction ID : D181409

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1381

City  
TACOMA

State  
WA

Zip Code  
98402

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Kilmer, Derek, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00514893

Transaction ID : D181170

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. PROSPERITY PAC**

Mailing Address 1006 Pendleton Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: District:

2017 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00377689

Transaction ID : D181203

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

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

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

7500.00
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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"/> 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. RELY ON YOUR BELIEFS FUND**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: District: 2017 Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2017			

FEC Identification Number

C C00344648

Transaction ID : D181292

Amount of Each Disbursement this Period

5000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**

Mailing Address P.O. BOX 11091

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Fleischmann, Chuck, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: TN District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00461822

Transaction ID : D181168

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVIS FOR CONGRESS/FRIENDS OF DAVIS**

Mailing Address 5956 W. RACE AVENUE

City CHICAGO State IL Zip Code 60644

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Davis, Danny, K., Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00172619

Transaction ID : D181167

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

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

8500.00
---------

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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"/> 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. LOEBSACK FOR CONGRESS**

Mailing Address PO BOX 3013

City  
IOWA CITY

State  
IA

Zip Code  
52244

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Loebsack, Dave, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

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

FEC Identification Number

C C00414318

**Transaction ID : D181253**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GREGG HARPER FOR CONGRESS**

Mailing Address POST OFFICE BOX 54344

City  
PEARL

State  
MS

Zip Code  
39288

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Harper, Gregg, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: MS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	7

FEC Identification Number

C C00441295

**Transaction ID : D181250**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CROWLEY FOR CONGRESS**

Mailing Address 84-56 GRAND AVENUE

City  
ELMHURST

State  
NY

Zip Code  
11373

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Crowley, Joseph, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

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

FEC Identification Number

C C00338954

**Transaction ID : D181208**

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement  
2018 Primary Campaign Contribution

Category/  
Type

Candidate Name  
**Bass, Karen, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 37

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181169**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. CRAMER FOR CONGRESS**

Mailing Address PO BOX 396

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement  
2018 Primary Campaign Contribution

Category/  
Type

Candidate Name  
**Cramer, Kevin, James, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: ND District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181162**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. WELCH FOR CONGRESS**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402-1682

Purpose of Disbursement  
2018 Primary Campaign Contribution

Category/  
Type

Candidate Name  
**Welch, Peter, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: VT District: 00

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181403**  
Amount of Each Disbursement this Period

Memo Item

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

**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"/> 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. GRAVES FOR CONGRESS**

Mailing Address 2345 GRAND BLVD

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement  
2018 Primary Campaign Contribution

Candidate Name  
**Graves, Sam, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MO District: 06

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 01 / 2017

FEC Identification Number

C C00359034

Transaction ID : D181172

Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SEAN PATRICK MALONEY FOR CONGRESS**

Mailing Address PO BOX 270

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement  
2018 Primary Campaign Contribution

Candidate Name  
**Maloney, Sean, Patrick, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 18

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 06 / 2017

FEC Identification Number

C C00512426

Transaction ID : D181247

Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address PO BOX 10847

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement  
2018 Primary Campaign Contribution

Candidate Name  
**Reed, Tom, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 23

011  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
11 / 01 / 2017

FEC Identification Number

C C00464032

Transaction ID : D181171

Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

6000.00

**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"/> 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. CLARKE FOR CONGRESS**

Mailing Address 111-36 200TH. STREET

City  
HOLLIS

State  
NY

Zip Code  
11412

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Clarke, Yvette, D., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	7

FEC Identification Number

C C00415331

**Transaction ID : D181286**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 713

City  
WHEATON

State  
IL

Zip Code  
60187

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Roskam, Peter, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	7

FEC Identification Number

C C00410969

**Transaction ID : D181415**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AL FRANKEN FOR SENATE**

Mailing Address PO BOX 583144

City  
MINNEAPOLIS

State  
MN

Zip Code  
55458

Purpose of Disbursement  
2020 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Franken, Al, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MN District: 00

Date of Disbursement

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

FEC Identification Number

C C00570960

**Transaction ID : D181157**

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 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. ANGUS KING FOR US SENATE CAMPAIGN**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	7

Mailing Address 114 Maine St  
Ste 1A

City Brunswick State ME Zip Code 04011-2029

Purpose of Disbursement  
2018 Primary Campaign Contribution

011
Category/ Type

FEC Identification Number

C	C00516047
---	-----------

Transaction ID : D181405

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Candidate Name

**King, Angus, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: ME District: 00

Full Name (Last, First, Middle Initial)

**B. SCHATZ FOR SENATE**

Date of Disbursement

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

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812-3828

Purpose of Disbursement  
2018 Primary Campaign Contribution

011
Category/ Type

FEC Identification Number

C	C00540732
---	-----------

Transaction ID : D181210

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Candidate Name

**Schatz, Brian, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: HI District: 00

Full Name (Last, First, Middle Initial)

**C. MCCASKILL FOR MISSOURI**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	7

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement  
2018 Primary Campaign Contribution

011
Category/ Type

FEC Identification Number

C	C00431304
---	-----------

Transaction ID : D181235

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MO District: 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"/> 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. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City  
EAST LANSING

State  
MI

Zip Code  
48826

Purpose of Disbursement  
2018 General Campaign Contribution

011

Category/  
Type

Candidate Name

**Stabenow, Debbie, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2017

FEC Identification Number

C C00344473

Transaction ID : D181164

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. DONNELLY FOR INDIANA

Mailing Address 1050 17TH ST NW STE 590

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Donnelly, Joe, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify)

State: IN District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 19 / 2017

FEC Identification Number

C C00393652

Transaction ID : D181404

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City  
CHARLESTON

State  
WV

Zip Code  
25361

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Manchin, Joe, , Sen., III**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2017

FEC Identification Number

C C00486563

Transaction ID : D181224

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

**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"/> 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 JOHN BARRASSO**

Mailing Address PO BOX 52008

City  
CASPER

State  
WY

Zip Code  
82605

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Barrasso, John, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2017			

FEC Identification Number

C C00436386

**Transaction ID : D181407**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GILLIBRAND FOR SENATE**

Mailing Address 126 C STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Gillibrand, Kirsten, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2017			

FEC Identification Number

C C00413914

**Transaction ID : D181406**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MAZIE HIRONO**

Mailing Address PO BOX 677

City  
HONOLULU

State  
HI

Zip Code  
96809

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Hirono, Mazie, K., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2017			

FEC Identification Number

C C00420760

**Transaction ID : D181251**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

**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"/> 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. PORTMAN FOR SENATE COMMITTEE**

Mailing Address 9856 ARCHER LANE

City  
DUBLIN

State  
OH

Zip Code  
43017

Purpose of Disbursement  
2022 Primary Campaign Contribution

011

Candidate Name

**Portman, Rob, , Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2017			

FEC Identification Number

C C00458463

**Transaction ID : D181289**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City  
CHARLESTON

State  
WV

Zip Code  
25339

Purpose of Disbursement  
2020 Primary Campaign Contribution

011

Candidate Name

**Capito, Shelley, Moore, Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: WV District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2017			

FEC Identification Number

C C00539825

**Transaction ID : D181246**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR SENATOR**

Mailing Address PO Box 1096

City  
Bangor

State  
ME

Zip Code  
04402-1096

Purpose of Disbursement  
2020 Primary Campaign Contribution

011

Candidate Name

**Collins, Susan, , Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: ME District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00314575

**Transaction ID : D181211**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

5000.00

**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"/> 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. CARPER FOR SENATE**

Mailing Address PO BOX 2882

City  
WILMINGTON

State  
DE

Zip Code  
19805

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Carper, Thomas, R., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00349217

Transaction ID : D181160

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City  
BLACKFOOT

State  
ID

Zip Code  
83221

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Simpson, Mike, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: ID District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2017			

FEC Identification Number

C C00331397

Transaction ID : D181156

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMMY FOR ILLINOIS**

Mailing Address PO BOX 10793

City  
CHICAGO

State  
IL

Zip Code  
60610

Purpose of Disbursement  
2022 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Duckworth, Tammy, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2017			

FEC Identification Number

C C00574889

Transaction ID : D181225

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

3000.00
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**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"/> 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. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
2022 Primary Campaign Contribution

011  
Category/  
Type

Candidate Name  
**Scott, Tim, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2017

FEC Identification Number

C C00540302

Transaction ID : D181212

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UPTON FOR ALL OF US**

Mailing Address PO BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement  
2018 Primary Campaign Contribution

011  
Category/  
Type

Candidate Name  
**Upton, Fred, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
11 / 06 / 2017

FEC Identification Number

C C00200584

Transaction ID : D181249

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. YODER FOR CONGRESS, INC**

Mailing Address PO BOX 26742

City OVERLAND PARK State KS Zip Code 66225

Purpose of Disbursement  
2018 Primary Campaign Contribution

011  
Category/  
Type

Candidate Name  
**Yoder, Kevin, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2017

FEC Identification Number

C C00472365

Transaction ID : D181204

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

86500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Phillips, Peggy, , ,**

Mailing Address 411 Morgantown St

City  
Kingwood

State  
WV

Zip Code  
26537-1095

Purpose of Disbursement  
Refund to contribution made on 10/8/2017

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181155**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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