

# **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 14  
(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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2020

**Transaction ID : 202005186135-27**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Baldridge, 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 ▼

481.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2020

**Transaction ID : 202005046136-23**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Browne, Nancy, , ,**

Mailing Address 25 Andrews Ave

City  
Falmouth

State  
ME

Zip Code  
04105-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

WOW Pediatric Weight Management Clinic

Occupation (for Individual)

Pediatric NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2020

**Transaction ID : 202005046136-30**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

325.00