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

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

ADDRESS (number and street) 3031 Walton Rd Ste C104

☐ Check if different than previously reported. (ACC)

Plymouth Meeting | PA | 19462

2. **FEC IDENTIFICATION NUMBER ▼** C C00370569

CITY ▲ | STATE ▲ | ZIP CODE ▲

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2025 through 09 / 30 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer May, Maureen, , ,

Signature of Treasurer *May, Maureen, , ,* Date 10 / 02 / 2025

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

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Report Covering the Period: From: 07/01/2025 To: 09/30/2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		35669.32
(b) Cash on Hand at Beginning of Reporting Period	50052.83	
(c) Total Receipts (from Line 19)	75167.80	312350.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	125220.63	348019.68
7. Total Disbursements (from Line 31)	66554.26	289353.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58666.37	58666.37
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Report Covering the Period: From: 07 / 01 / 2025 To: 09 / 30 / 2025

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)	53266.55	240639.31
(ii) Unitemized	21901.25	71711.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	75167.80	312350.36
(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) ▶	75167.80	312350.36
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.)	0.00	0.00
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)) ▶	75167.80	312350.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	75167.80	312350.36

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	4500.00	4500.00
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	0.00	0.00
(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)) ▶	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	62054.26	284853.31
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))	66554.26	289353.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	66554.26	289353.31

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	75167.80	312350.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	75167.80	312350.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
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	0.00

Image# 202510029790663709

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abdul-Aziz, Saida, , ,

Mailing Address 6601 Haverford Ave

City: Philadelphia | State: PA | Zip Code: 19151

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Einstein Medical Center
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 09 / 29 / 2025
Transaction ID : SA11AI.6910

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Akinola-Ademuyiwa, Folasayo, , ,

Mailing Address 1818 W Champlost St

City: Philadelphia | State: PA | Zip Code: 19141

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):
Occupation (for Individual):

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 120.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6911

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arnault, Deborah, , ,

Mailing Address 815 Eaton Rd

City: Drexel Hill | State: PA | Zip Code: 19026

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Fair Acres Geriatric Center
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 08 / 14 / 2025
Transaction ID : SA11AI.6912

Amount of Each Receipt this Period: 40.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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

Image# 202510029790663710

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baig, Naveed, , ,

Mailing Address 5237 Wissahickon Ave #1

City: Philadelphia | State: PA | Zip Code: 19144

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):
Occupation (for Individual):

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.6913

Amount of Each Receipt this Period: 40.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barrow, Kimberly, , ,

Mailing Address 271 Burgundy Ln

City: Newtown | State: PA | Zip Code: 18940

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): St Mary Medical Center
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6914

Amount of Each Receipt this Period: 120.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Billips, Sheila, , ,

Mailing Address 1750 N Marshall St

City: Philadelphia | State: PA | Zip Code: 19122

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6915

Amount of Each Receipt this Period: 90.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

Image# 202510029790663711

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 29

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blakely, Janis, , ,

Mailing Address 1308 Willow Ave Apt 2

City: Elkins Park | State: PA | Zip Code: 19027

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6916

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bozek, Robert, , ,

Mailing Address 4282 Shedden Cir

City: Doylestown | State: PA | Zip Code: 18902

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): St. Mary Medical Center
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 60.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6917

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bozeman, Deborah, , ,

Mailing Address 2019 Delwhit Dr

City: Feasterville Trevose | State: PA | Zip Code: 19053

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): St Mary Medical Center
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 400.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6918

Amount of Each Receipt this Period: 120.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

Image# 202510029790663712

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 29

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brown, Phyllis, , ,

Mailing Address 1727 Graham Ln

City: LaMott | State: PA | Zip Code: 19027

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6919

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brown, Stefani, , ,

Mailing Address 554 Arlington Ave

City: Folsom | State: PA | Zip Code: 19033

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mercy Fitzgerald Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 200.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6920

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Byrd, TreVon, , ,

Mailing Address 5205 Stark Way

City: Mt. Laurel | State: NJ | Zip Code: 08054

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):
Occupation (for Individual):

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6921

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

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

Image# 202510029790663713

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 29

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carlin, Anna, , ,

Mailing Address 708 Marchman Rd

City: Philadelphia | State: PA | Zip Code: 19115

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Lower Bucks Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 120.00

Date of Receipt: 08 / 14 / 2025
Transaction ID : SA11AI.6923

Amount of Each Receipt this Period: 40.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carrozza, Madeline, , ,

Mailing Address 25 Concord Rd

City: Darby | State: PA | Zip Code: 19023

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mercy Fitzgerald Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6924

Amount of Each Receipt this Period: 90.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chaparro, Emilie, , ,

Mailing Address 7331 Meadowlark Dr

City: Tobyhanna | State: PA | Zip Code: 18466

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Geisinger Community Medical Ce
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6925

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 190.00

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

Image# 202510029790663714

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 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Crowell, Shirley, , ,

Mailing Address 15 Nottingham Dr

City: Fallsington | State: PA | Zip Code: 19054

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Lower Bucks Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 120.00

Date of Receipt: 08 / 14 / 2025
Transaction ID : SA11AI.6926

Amount of Each Receipt this Period: 40.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Einstein Medical Center

Mailing Address 5501 Old York Rd

City: Philadelphia | State: PA | Zip Code: 19141

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):
Occupation (for Individual):

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 226974.31

Date of Receipt: 07 / 31 / 2025
Transaction ID : SA11AI.6970

Amount of Each Receipt this Period: 49489.26

☐ Memo Item

union dues wired to pac acct in error

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finn, Riley, , ,

Mailing Address 11713 Denman Rd

City: Philadelphia | State: PA | Zip Code: 19154

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): St. Christopher's Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.6927

Amount of Each Receipt this Period: 80.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 49609.26

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

Image# 202510029790663715

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 29

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flomo-Sairyon, Rebecca, , ,

Mailing Address 722 Madison Ave

City: Prospect Park | State: PA | Zip Code: 19076

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6928

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flynn, John, , ,

Mailing Address 311 Kingsley St

City: Philadelphia | State: PA | Zip Code: 19128

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6929

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deductio

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freeman, Sherri, , ,

Mailing Address 924 Gilder Dr

City: New Castle | State: DE | Zip Code: 19720

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Fitzgerald Mercy Hospital | Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6930

Amount of Each Receipt this Period: 120.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

Image# 202510029790663716

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gaffney, Andrew, , ,

Mailing Address 1000 Amber Ct

City: Green Lane | State: PA | Zip Code: 18054

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PASNAP
Occupation (for Individual): Field Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 765.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6931

Amount of Each Receipt this Period: 170.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garvin, Kayla, , ,

Mailing Address 100 Milmont Ave

City: Folsom | State: PA | Zip Code: 19033

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): St. Christopher's Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.6932

Amount of Each Receipt this Period: 40.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldsmith, Heather, , ,

Mailing Address 28 Meribrook Cir

City: Willingboro | State: NJ | Zip Code: 08046

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6933

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 270.00

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

Image# 202510029790663717

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Golphin, Andrea, , ,
Mailing Address 236 Hampden Rd
City: Upper Darby | State: PA | Zip Code: 19082
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Mercy Fitzgerald Hospital
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 60.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6934
Amount of Each Receipt this Period: 60.00
☐ Memo Item
payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gorman, Megan, , ,
Mailing Address 1117 Melrose Ave
City: Elkins Park | State: PA | Zip Code: 19027
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): PASNAP
Occupation (for Individual): Communications Specialist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6935
Amount of Each Receipt this Period: 40.00
☐ Memo Item
payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hemmingway, Waunda, , ,
Mailing Address 6731 N 8th St
City: Philadelphia | State: PA | Zip Code: 19126
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6936
Amount of Each Receipt this Period: 60.00
☐ Memo Item
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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

Image# 202510029790663718

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 15 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Isac, Soji, , ,

Mailing Address 10062 Jeanes St Apt B

City: Philadelphia | State: PA | Zip Code: 19116

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple Univ. Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6937

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Tahira, , ,

Mailing Address 506 Independence Ave

City: Philadelphia | State: PA | Zip Code: 19126

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6938

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Wanda, , ,

Mailing Address 6955 Ogontz Ave

City: Philadelphia | State: PA | Zip Code: 19138

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6940

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

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

Image# 202510029790663719

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelly, Patrick, , ,
Mailing Address 3105 Brightside Ave
City: Bristol | State: PA | Zip Code: 19007
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Albert Einstein Med. Ctr.
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 270.00
Date of Receipt: 09 / 29 / 2025
Transaction ID : SA11AI.6941
Amount of Each Receipt this Period: 90.00
☐ Memo Item
payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Joanne, , ,
Mailing Address 3837 Cedarcrest Rd
City: Bensalem | State: PA | Zip Code: 19020
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): St. Christopher's Hospital
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 180.00
Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.6942
Amount of Each Receipt this Period: 40.00
☐ Memo Item
payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Raquel, , ,
Mailing Address 118 Deerpath Dr
City: Lansdale | State: PA | Zip Code: 19446
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): St. Christopher's Hospital
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 180.00
Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.6943
Amount of Each Receipt this Period: 40.00
☐ Memo Item
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 170.00

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

Image# 202510029790663720

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LeBeau, Linda, , ,

Mailing Address 78 Andover Dr

City: Langhorne | State: PA | Zip Code: 19047

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):
Occupation (for Individual):

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 170.00

Date of Receipt: 08 / 07 / 2025
Transaction ID : SA11AI.6944

Amount of Each Receipt this Period: 30.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
May, Maureen, , ,

Mailing Address 62 Goodwin Pkwy

City: Sewell | State: NJ | Zip Code: 08080

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6945

Amount of Each Receipt this Period: 90.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mejia, Sonia, , ,

Mailing Address 1705 Sandy Hill Rd

City: Plymouth Meeting | State: PA | Zip Code: 19462

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):
Occupation (for Individual):

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6946

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

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

Image# 202510029790663721

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Karen, , ,

Mailing Address 1803 68th Ave

City: Philadelphia | State: PA | Zip Code: 19126

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6947

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Milligan, Brandy, , ,

Mailing Address 505 Maine Ave

City: Aldan | State: PA | Zip Code: 19018

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mercy Fitzgerald Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6948

Amount of Each Receipt this Period: 90.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mintze, Antoinette, , ,

Mailing Address 923 Autumn River Run

City: Philadelphia | State: PA | Zip Code: 19128

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):
Occupation (for Individual):

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 29 / 2025
Transaction ID : SA11AI.6949

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 210.00

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

Image# 202510029790663722

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Ida, , ,
Mailing Address 5915 Trinity St
City: Philadelphia | State: PA | Zip Code: 19143
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6950
Amount of Each Receipt this Period: 60.00
☐ Memo Item
payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morris, Nancy, , ,
Mailing Address 1822 Hoffnagle St
City: Philadelphia | State: PA | Zip Code: 19152
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6951
Amount of Each Receipt this Period: 60.00
☐ Memo Item
payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morris, Steven, , ,
Mailing Address 121 Integrity Ave
City: Oreland | State: PA | Zip Code: 19075
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): PASNAP
Occupation (for Individual): Political Organizer
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6952
Amount of Each Receipt this Period: 40.00
☐ Memo Item
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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

Image# 202510029790663723

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nishida, Kathleen, , ,
Mailing Address 7208 Lincoln Dr
City: Philadelphia | State: PA | Zip Code: 19119
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): St Mary Medical Center
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 400.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6953
Amount of Each Receipt this Period: 120.00
☐ Memo Item
payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oh, Soo Ji, , ,
Mailing Address 1006 Diamond Dr
City: Newtown | State: PA | Zip Code: 18940
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): St. Mary Medical Center
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 200.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6954
Amount of Each Receipt this Period: 60.00
☐ Memo Item
payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oplacio, Crystal, , ,
Mailing Address 9 Twin Ponds Ct
City: Sewell | State: NJ | Zip Code: 08080
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Temple Univ. Hospital
Occupation (for Individual): Rad Tech
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6955
Amount of Each Receipt this Period: 60.00
☐ Memo Item
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

Image# 202510029790663724

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pierre-Louis, Marie, , ,
Mailing Address 1557 Edgewood Ave
City: Abington | State: PA | Zip Code: 19001
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Einstein Medical Center
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 180.00
Date of Receipt: 09 / 29 / 2025
Transaction ID : SA11AI.6956
Amount of Each Receipt this Period: 60.00
☐ Memo Item
payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plummer, Arlene, , ,
Mailing Address 4938 Rosehill St
City: Philadelphia | State: PA | Zip Code: 19120
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 180.00
Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6957
Amount of Each Receipt this Period: 60.00
☐ Memo Item
payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rafter, Elizabeth, , ,
Mailing Address 408 Main St
City: Riverton | State: NJ | Zip Code: 08077
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼ 180.00
Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6958
Amount of Each Receipt this Period: 60.00
☐ Memo Item
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

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

Image# 202510029790663725

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riggs, Daniyel, , ,

Mailing Address 6219 Carpenter St

City: Philadelphia | State: PA | Zip Code: 19143

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6959

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roarty, Marie, , ,

Mailing Address 408 Chelsea Rd

City: Fairless Hills | State: PA | Zip Code: 19030

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual):
Occupation (for Individual):

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 120.00

Date of Receipt: 08 / 14 / 2025
Transaction ID : SA11AI.6960

Amount of Each Receipt this Period: 40.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rocchi, Jennifer, , ,

Mailing Address 5260 Witherspoon Ave

City: Pennsauken | State: NJ | Zip Code: 08109

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): St. Christopher's Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.6961

Amount of Each Receipt this Period: 40.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 140.00

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

Image# 202510029790663726

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shavers, Zenetta, , ,

Mailing Address 1044 S Frazier St

City: Philadelphia | State: PA | Zip Code: 19143

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mercy Fitzgerald Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6962

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shiller, Kimberly, , ,

Mailing Address 3829 James St

City: Drexel Hill | State: PA | Zip Code: 19026

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Mercy Fitzgerald Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6963

Amount of Each Receipt this Period: 67.29

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sorensen, Dawn, , ,

Mailing Address 15 Aspen Ln

City: Levittown | State: PA | Zip Code: 19055

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): St Mary Medical Center
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6964

Amount of Each Receipt this Period: 120.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 247.29

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

Image# 202510029790663727

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
PAGE 24 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Steiniger, Fred, , ,

Mailing Address 31 Moonlight Way

City: Howell | State: NJ | Zip Code: 07731

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PASNAP
Occupation (for Individual): Staff Representative

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6965

Amount of Each Receipt this Period: 40.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Talley Bagis, Michelle, , ,

Mailing Address 2626 Hemlock St

City: Philadelphia | State: PA | Zip Code: 19116

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple University Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6966

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Warshaw, Mark, , ,

Mailing Address 422 Militia Hill Rd

City: Fort Washington | State: PA | Zip Code: 19034

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): PASNAP
Occupation (for Individual): Co-Executive Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 180.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.6967

Amount of Each Receipt this Period: 40.00

☐ Memo Item

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 140.00

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

Image# 202510029790663728

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 25 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wright, Danielle, , ,

Mailing Address 19 Sherwood Dr

City: Medford | State: NJ | Zip Code: 08055

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Einstein Medical Center
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 09 / 29 / 2025
Transaction ID : SA11AI.6968

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yun, Ahreum, , ,

Mailing Address 7600 Stenton Ave Apt 9O

City: Philadelphia | State: PA | Zip Code: 19118

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Temple Univ. Hospital
Occupation (for Individual): Registered Nurse

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.6969

Amount of Each Receipt this Period: 60.00

☐ Memo Item

payroll deduction

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

TOTAL This Period (last page this line number only) ▶ 53266.55

Image# 202510029790663729

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)
21b 22 [X] 23 26 27
28a 28b 28c 29 30b

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.
Full Name (Last, First, Middle Initial)
Citizens for Boyle
Mailing Address 1701 16th St NW #121
City: Washington | State: DC | Zip Code: 20009
Purpose of Disbursement: campaign contribution
Candidate Name: Citizens for Boyle
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 02
Disbursement For: 2025 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 24 / 2025
FEC Identification Number: C
Transaction ID : SB23.6908
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial)
Sharif Street for US
Mailing Address PO Box 4617
City: Philadelphia | State: PA | Zip Code: 19127
Purpose of Disbursement: campaign contribution
Candidate Name: Sharif Street for US
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 03
Disbursement For: 2025 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 08 / 13 / 2025
FEC Identification Number: C
Transaction ID : SB23.6896
Amount of Each Disbursement this Period: 3500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶ 4500.00

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name (Last, First, Middle Initial)
Friends of Bridget Malloy Kosierowski
Mailing Address 933 Northern Blvd
City: S. Abington Twp. | State: PA | Zip Code: 18411
Purpose of Disbursement: campaign contribution
Category/Type: 011
Candidate Name: Friends of Bridget Malloy Kosierowski
Office Sought: House / Senate / President
State: PA District:
Disbursement For: 2025
Primary / X General / Other (specify)
Date of Disbursement: 08 / 13 / 2025
FEC Identification Number: C
Transaction ID : SB29.6899
Amount of Each Disbursement this Period: 500.00
Memo Item

B. Full Name (Last, First, Middle Initial)
Friends of Danilo Burgos
Mailing Address PO Box 60601
City: Philadelphia | State: PA | Zip Code: 19133
Purpose of Disbursement: campaign contribution
Category/Type: 011
Candidate Name: Friends of Danilo Burgos
Office Sought: House / Senate / President
State: PA District:
Disbursement For: 2025
Primary / X General / Other (specify)
Date of Disbursement: 08 / 25 / 2025
FEC Identification Number: C
Transaction ID : SB29.6900
Amount of Each Disbursement this Period: 1500.00
Memo Item

C. Full Name (Last, First, Middle Initial)
Friends of Joe Ciresi
Mailing Address 4011 Ashbrook Dr
City: Royersford | State: PA | Zip Code: 19468
Purpose of Disbursement: campaign contribution
Category/Type: 011
Candidate Name: Friends of Joe Ciresi
Office Sought: House / Senate / President
State: PA District:
Disbursement For: 2025
Primary / X General / Other (specify)
Date of Disbursement: 08 / 25 / 2025
FEC Identification Number: C
Transaction ID : SB29.6901
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) ▶

Image# 202510029790663731

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.
Full Name (Last, First, Middle Initial)
Friends of Tom Mehaffie
Mailing Address PO Box 414
City: Harrisburg | State: PA | Zip Code: 17108
Purpose of Disbursement: campaign contribution
Category/Type: 011
Candidate Name: Friends of Tom Mehaffie
Office Sought: House / Senate / President
State: District:
Disbursement For: 2025
Primary / General / Other (specify)
Date of Disbursement: 09 / 18 / 2025
FEC Identification Number: C
Transaction ID : SB29.6904
Amount of Each Disbursement this Period: 2500.00
Memo Item

B.
Full Name (Last, First, Middle Initial)
Leanne for PA
Mailing Address PO Box 22
City: Swarthmore | State: PA | Zip Code: 19081
Purpose of Disbursement: campaign contribution
Category/Type: 011
Candidate Name: Leanne for PA
Office Sought: House / Senate / President
State: District:
Disbursement For: 2025
Primary / General / Other (specify)
Date of Disbursement: 09 / 18 / 2025
FEC Identification Number: C
Transaction ID : SB29.6906
Amount of Each Disbursement this Period: 2000.00
Memo Item

C.
Full Name (Last, First, Middle Initial)
Major for PA
Mailing Address PO Box 449
City: Ford City | State: PA | Zip Code: 16226
Purpose of Disbursement: campaign contribution
Category/Type: 011
Candidate Name: Major for PA
Office Sought: House / Senate / President
State: PA District:
Disbursement For: 2025
Primary / General / Other (specify)
Date of Disbursement: 09 / 18 / 2025
FEC Identification Number: C
Transaction ID : SB29.6905
Amount of Each Disbursement this Period: 5000.00
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9500.00

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

Image# 202510029790663732

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.
Full Name (Last, First, Middle Initial)
PASNAP
Mailing Address 3031 Walton Rd Ste C104
City: Plymouth Meeting | State: PA | Zip Code: 19462
Purpose of Disbursement: Dues wired in error transferred to correct acct
Candidate Name
Category/ Type: 010
Office Sought: House Senate President
State: District:
Disbursement For: 2025 Primary X General Other (specify)
Date of Disbursement: 08 / 06 / 2025
FEC Identification Number: C
Transaction ID : SB29.6894
Amount of Each Disbursement this Period: 49489.26
Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 49489.26

TOTAL This Period (last page this line number only) ▶ 61989.26