

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 24

(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. Aertker, Jean, , ,

Mailing Address 2919 W Swann Ave
Ste 402

City
Tampa

State
FL

Zip Code
33609-4083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tampa Occupational Health & Wellness

Occupation (for Individual)
FNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

MM / DD / YYYY
05 / 18 / 2019

Transaction ID : 201905206136-15

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Anderson, Michelle, , ,

Mailing Address 1207 Michigan St
C

City
Sandpoint

State
ID

Zip Code
83864-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pend Oreille Health Care

Occupation (for Individual)
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
05 / 08 / 2019

Transaction ID : 201905136136-59

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. 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 ▼

275.00

Date of Receipt

MM / DD / YYYY
05 / 08 / 2019

Transaction ID : 201905136136-54

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

175.00