

# 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  /  /  2017 through  /  /  2017

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  /  /  2018

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"/>		414037.01
(b) Cash on Hand at Beginning of Reporting Period.....	413925.80	
(c) Total Receipts (from Line 19) .....	8736.54	218194.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	422662.34	632231.03
7. Total Disbursements (from Line 31).....	60525.00	270093.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	362137.34	362137.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y 12 / 01 / 2017 To: M M / D D / Y Y Y Y 12 / 31 / 2017

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).....	1875.00	55427.89
(ii) Unitemized .....	6843.00	162202.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8718.00	217629.95
(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) .....	8718.00	217629.95
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.).....	18.54	564.07
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)).....▶	8736.54	218194.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8736.54	218194.02

**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.....	60500.00	256500.00
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 .....	25.00	4270.00
(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)).....	25.00	4270.00
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)) ..	60525.00	270093.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60525.00	270093.69

**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) .....	8718.00	217629.95
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	4270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8693.00	213359.95
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 24
<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. Bailey, Louann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Occupation (for Individual) APRN Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 12 / 04 / 2017  
**Transaction ID : C3643020**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Barker, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6401 Wynwright Dr  
 City Dublin State OH Zip Code 43016-8260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University Health Connections Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 07 / 2017  
**Transaction ID : C3643027**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Brown, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4924 Branch Mill Cir  
 City Mountain Brk State AL Zip Code 35223-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Children's Hospital of Alabama Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 12 / 20 / 2017  
**Transaction ID : C3642947**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<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 24
<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. 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 ▼ 275.00

Date of Receipt 12 / 11 / 2017  
**Transaction ID : C3643089**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. 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 ▼ 1050.00

Date of Receipt 12 / 29 / 2017  
**Transaction ID : C3643005**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. 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 ▼ 385.00

Date of Receipt 12 / 21 / 2017  
**Transaction ID : C3642966**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 24
	<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. Hildebrand, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20901 W County Road 80C  
 City Livermore State CO Zip Code 80536-9152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Direct NP LLC Occupation (for Individual) Founder/Adult NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : C3642965**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kellermann, Marye, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 Blondell Ct  
 City Lutherville State MD Zip Code 21093-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ed Enterprises Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 04 / 2017  
**Transaction ID : C3642945**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Knowles, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1551 220th Ave  
 City Hays State KS Zip Code 67601-9306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Veterans Administration Occupation (for Individual) APRN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 295.81

Date of Receipt 12 / 17 / 2017  
**Transaction ID : C3643023**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 24
	<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. 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 ▼ 360.00

Date of Receipt 12 / 28 / 2017  
**Transaction ID : C3642994**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 300.00

Date of Receipt 12 / 03 / 2017  
**Transaction ID : C3643073**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Rothstein, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Liberty Rd  
 City Tappan State NY Zip Code 10983-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York College of Podiatric Medicine Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 02 / 2017  
**Transaction ID : C3643022**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<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 10 OF 24
	<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. Schmaling, 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 ▼ 240.00

Date of Receipt 12 / 27 / 2017  
**Transaction ID : C3642954**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Spohn, Terrie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 Cedar Lake Ln  
 City Firth State NE Zip Code 68358-7580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Independent Contractor Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 02 / 2017  
**Transaction ID : C3643048**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Thompson, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5037 W Bay Rd  
 City Plainfield State IN Zip Code 46168-9016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hendricks Regional Health Occupation (for Individual) NP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : C3643047**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	1875.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 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**

**A. Wells Fargo**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 Duke St  
 Ste 100  
 City Alexandria State VA Zip Code 22314-3498  
 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 ▼  
 234.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2017  
**Transaction ID : C3642884**  
 Amount of Each Receipt this Period  
 18.54  
 Memo Item

**B.**  
 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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	18.54
<b>TOTAL</b> This Period (last page this line number only).....▶	18.54

**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. BLUMENAUER FOR CONGRESS**

Mailing Address 901 SE OAK STREET  
SUITE 105

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement  
2018 Primary Campaign Contribution

011  
Category/  
Type

Candidate Name  
**Blumenauer, Earl, , Rep.,**

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

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C C00307314

Transaction ID : D181775

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement  
2018 Primary Campaign Contribution

011  
Category/  
Type

Candidate Name  
**Brady, Kevin, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C C00311043

Transaction ID : D181779

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DAKOTA PAC**

Mailing Address PO Box 3206

City Bismarck State ND Zip Code 58502-3206

Purpose of Disbursement  
2017 Contribution

011  
Category/  
Type

Candidate Name  
**Dakota PAC, , , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
2017 Contribution  
State: ND District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C C00536607

Transaction ID : D181801

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

**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. THE MARKEY COMMITTEE**

Mailing Address PO Box 526

City  
Medford

State  
MA

Zip Code  
02155-0006

Purpose of Disbursement  
2020 Primary Campaign Contribution

**011**  
Category/  
Type

Candidate Name  
**MARKEY, EDWARD JOHN MR., , ,**

Office Sought:  House  
 Senate  
 President  
State: MA District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

FEC Identification Number

**C** C00196774

**Transaction ID : D181790**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN THUNE**

Mailing Address PO BOX 841

City  
SIOUX FALLS

State  
SD

Zip Code  
57101

Purpose of Disbursement  
2022 Primary Campaign Contribution

**011**  
Category/  
Type

Candidate Name  
**Thune, John, , Sen.,**

Office Sought:  House  
 Senate  
 President  
State: SD District: 00

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

FEC Identification Number

**C** C00409581

**Transaction ID : D181797**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JASON SMITH FOR CONGRESS**

Mailing Address PO BOX 1324

City  
CAPE GIRARDEAU

State  
MO

Zip Code  
63702

Purpose of Disbursement  
2018 Primary Campaign Contribution

**011**  
Category/  
Type

Candidate Name  
**Smith, Jason, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: MO District: 08

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

FEC Identification Number

**C** C00541862

**Transaction ID : D181774**

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. JOHN LEWIS FOR CONGRESS**

Mailing Address PO BOX 2323

City  
ATLANTA

State  
GA

Zip Code  
30301

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name  
**Lewis, John, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: GA District: 05

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00202416

Transaction ID : D181769

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. JUDY CHU FOR CONGRESS**

Mailing Address 16633 VENTURA BLVD # 1008

City  
ENCINO

State  
CA

Zip Code  
91436

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name  
**Chu, Judy, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: CA District: 27

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00458125

Transaction ID : D181771

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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  
State: District:

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
2017 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00445379

Transaction ID : D181800

Amount of Each Disbursement this Period

2000.00
---------

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. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

Mailing Address PO Box 3241

FEC Identification Number

**C** C00392134

**Transaction ID : D181802**

Amount of Each Disbursement this Period

2500.00

Memo Item

City Cheyenne State WY Zip Code 82003-3241

Purpose of Disbursement  
2017 Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
2017 Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. PAT MEEHAN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

Mailing Address 50 S. PROVIDENCE ROAD

FEC Identification Number

**C** C00466870

**Transaction ID : D181773**

Amount of Each Disbursement this Period

1000.00

Memo Item

City MEDIA State PA Zip Code 19063

Purpose of Disbursement  
2018 Primary Campaign Contribution

**011**  
Category/  
Type

Candidate Name  
**MEEHAN, PATRICK L, , Rep.,**

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

State: PA District: 07

Full Name (Last, First, Middle Initial)

**C. MIKE KELLY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

Mailing Address PO BOX 476

FEC Identification Number

**C** C00474189

**Transaction ID : D181767**

Amount of Each Disbursement this Period

1000.00

Memo Item

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement  
2018 Primary Campaign Contribution

**011**  
Category/  
Type

Candidate Name  
**Kelly, Mike, , Rep.,**

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

State: PA District: 03

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

**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)

<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. NANCY PELOSI 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

**Pelosi, Nancy, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2017			

FEC Identification Number

C C00213512

**Transaction ID : D181780**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Oorah! PAC**

Mailing Address 526 6th St SE

City  
Washington

State  
DC

Zip Code  
20003-2705

Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify)  
2017 Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2017			

FEC Identification Number

C C00551853

**Transaction ID : D181803**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MCKINLEY FOR CONGRESS**

Mailing Address PO BOX 642

City  
MORGANTOWN

State  
WV

Zip Code  
26507

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**McKinley, David, B., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2017			

FEC Identification Number

C C00473132

**Transaction ID : D181772**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

**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. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City  
SACRAMENTO

State  
CA

Zip Code  
95812

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Matsui, Doris, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2017			

FEC Identification Number

C C00409219

**Transaction ID : D181776**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City  
Long Branch

State  
NJ

Zip Code  
07740-3176

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Pallone, Frank, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2017			

FEC Identification Number

C C00226928

**Transaction ID : D181778**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LARSON FOR CONGRESS**

Mailing Address PO BOX 261172

City  
HARTFORD

State  
CT

Zip Code  
61261

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Larson, John, B., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2017			

FEC Identification Number

C C00330142

**Transaction ID : D181768**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

8000.00

**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. CASTOR FOR CONGRESS**

Mailing Address 301 W PLATT STREET, #385

City  
TAMPA

State  
FL

Zip Code  
33606

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Castor, Kathy, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00410761

**Transaction ID : D181770**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5TH AVENUE S

City  
LA CROSSE

State  
WI

Zip Code  
54601

Purpose of Disbursement  
Voided check written 7/17/17

011

Category/  
Type

Candidate Name

**Kind, Ron, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00312017

**Transaction ID : D181744**

Amount of Each Disbursement this Period

- 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KIND FOR CONGRESS COMMITTEE**

Mailing Address 205 5TH AVENUE S

City  
LA CROSSE

State  
WI

Zip Code  
54601

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Kind, Ron, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00312017

**Transaction ID : D181781**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

1000.00

**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. DUFFY FOR CONGRESS**

Mailing Address PO BOX 538

City  
WAUSAU

State  
WI

Zip Code  
54402

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Duffy, Sean, P., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00464339

**Transaction ID : D181777**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BILL CASSIDY FOR US SENATE**

Mailing Address PO BOX 80505

City  
BATON ROUGE

State  
LA

Zip Code  
70898

Purpose of Disbursement  
2020 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Cassidy, Bill, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: LA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00543983

**Transaction ID : D181793**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City  
NEW YORK

State  
NY

Zip Code  
10016

Purpose of Disbursement  
2022 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Schumer, Charles, E., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00346312

**Transaction ID : D181799**

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)..... ▶

6500.00

**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. FRIENDS OF CHRIS MURPHY**

Mailing Address PO Box 127

City  
Cheshire

State  
CT

Zip Code  
06410-0127

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Murphy, Christopher, S., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00492645

**Transaction ID : D181782**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CORY GARDNER FOR SENATE**

Mailing Address 9227 E LINCOLN AVE #200-234

City  
LONE TREE

State  
CO

Zip Code  
80124

Purpose of Disbursement  
2020 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Gardner, Cory, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: CO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00492454

**Transaction ID : D181792**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ELIZABETH WARREN FOR MASSACHUSETTS**

Mailing Address PO Box 290568

City  
Boston

State  
MA

Zip Code  
02129-0210

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Warren, Elizabeth, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00500843

**Transaction ID : D181783**

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)..... ▶

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)

<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. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City  
BISMARCK

State  
ND

Zip Code  
58502

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Heitkamp, Heidi, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C C00505552

**Transaction ID : D181784**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MONTANANS FOR TESTER**

Mailing Address PO BOX 1135

City  
HELENA

State  
MT

Zip Code  
59624

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Tester, Jon, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify)

State: MT District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C C00412304

**Transaction ID : D181787**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. JONI FOR IOWA**

Mailing Address PO BOX 93441

City  
DES MOINES

State  
IA

Zip Code  
50393

Purpose of Disbursement  
2020 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Ernst, Joni, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C C00546788

**Transaction ID : D181791**

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. 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

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C C00413914

**Transaction ID : D181786**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARK WARNER**

Mailing Address 201 NORTH UNION STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2020 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Warner, Mark, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify)

State: VA

District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C C00438713

**Transaction ID : D181795**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HATCH ELECTION COMMITTEE INC**

Mailing Address PO BOX 3986

City  
WASHINGTON

State  
DC

Zip Code  
20027

Purpose of Disbursement  
2018 General Campaign Contribution

011

Category/  
Type

Candidate Name

**Hatch, Orrin, G., Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: UT

District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2017

FEC Identification Number

C C00104752

**Transaction ID : D181789**

Amount of Each Disbursement this Period

2500.00

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. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City  
SEATTLE

State  
WA

Zip Code  
98124

Purpose of Disbursement  
2022 Primary Campaign Contribution

Category/  
Type

Candidate Name  
**Murray, Patty, , Sen.,**

Office Sought:  House  
 Senate  
 President  
State: WA District: 00

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181798**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DICK DURBIN**

Mailing Address PO BOX 1949

City  
SPRINGFIELD

State  
IL

Zip Code  
62705

Purpose of Disbursement  
2020 Primary Campaign Contribution

Category/  
Type

Candidate Name  
**Durbin, Richard, J., Sen.,**

Office Sought:  House  
 Senate  
 President  
State: IL District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181796**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. WICKER FOR SENATE**

Mailing Address PO BOX 64

City  
JACKSON

State  
MS

Zip Code  
39205

Purpose of Disbursement  
2018 Primary Campaign Contribution

Category/  
Type

Candidate Name  
**Wicker, Roger, , Sen.,**

Office Sought:  House  
 Senate  
 President  
State: MS District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : D181785**

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. STEVE DAINES FOR MONTANA**

Mailing Address PO BOX 1598

City  
HELENA

State  
MT

Zip Code  
59624

Purpose of Disbursement  
2020 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Daines, Steve, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00491357

**Transaction ID : D181794**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMMY BALDWIN FOR SENATE**

Mailing Address P.O. BOX 696

City  
MADISON

State  
WI

Zip Code  
53701

Purpose of Disbursement  
2018 Primary Campaign Contribution

011

Category/  
Type

Candidate Name

**Baldwin, Tammy, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00326801

**Transaction ID : D181788**

Amount of Each Disbursement this Period

2000.00

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

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

3000.00

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

60500.00