Imade# 202506139762149830	Image#	202506139762149830
---------------------------	--------	--------------------

06/13/2025 09 : 04

PAGE 1 / 14

FEC FORM 3X	AN	PORT OF ID DISBU Other Than An A	RSEMEN	TS		Office Use Only
1. NAME OF COMMITTEE (in f		E OR PRINT ▼	Example: If over the line		12FE4M5	
American Assoc		D Box 12846	ers Political Ad			
Check if differ than previous reported. (AC	rent	ustin				78711
2. FEC IDENTIFICA			IS THIS REPORT	NEW (N) OR	STATE ▲ AME (A)	ZIP CODE
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M	orts: Report (Q1) 5 Report (Q2) 5 Report (Q3) 81 Report (YE) lid-Year lon-election r) (MY)	Report Due On: (c) 12-Day PRE-Election Report for the (d) 30-Day POST-Election Report for the	ction on General	Jul 20 (M7) (12P) ion (12C)	Aug 20 Sep 20 Oct 20 General (12 Special (12 Runoff (30)	(Mon-Election Year Only) (M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE) 2G) Runoff (12R) (S) in the State of
 Covering Period I certify that I have exa Type or Print Name of Signature of Treasurer 	S	eport and to the best elway, Janet, , ,	5 throu	and belief it is tru	e, correct and ate	2025
NOTE: Submission of fa	lse, erroneous,	or incomplete informa	tion may subject the	person signing th	is Report to the	penalties of 52 U.S.C. § 30109 FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

	Ame	erican Association of Nurse Pr	actitioners Political Action Committee	9
	Report	Covering the Period: From:	05 / 01 / Y Y Y Y 2025 To:	05 / D D / Y Y Y Y 2025
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1, 2025	[739788.43
	(b)	Cash on Hand at Beginning of Reporting Period	741965.18	
	(c)	Total Receipts (from Line 19)	22602.00	93899.75
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	764567.18	833688.18
7.	Tota	al Disbursements (from Line 31)	0.00	69121.00
8.	Rep	h on Hand at Close of porting Period ptract Line 7 from Line 6(d))	764567.18	764567.18
9.	the	ts and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)	0.00	
10	the	ots and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	0.00	

X

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

American Association of Nurse Practitioners Political Action Committee MM D D 05 01 2025 05 31 2025 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3685.00 23995.00 (i) Itemized (use Schedule A)..... 13917.00 60404.75 (ii) Unitemized (iii) TOTAL (add 84399.75 17602.00 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 84399.75 17602.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 5000.00 9500.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 93899.75 12, 13, 14, 15, 16, 17, and 18(c))..... 22602.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......► 22602.00

93899.75

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 2096.00 Expenditures (c) Total Operating Expenditures 2096.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 67000.00 0.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E).... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 25.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 25.00 29. Other Disbursements (Including 0.00 Non-Federal Donations)..... 0.00 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 Total Federal Election Activity (add (C) 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)).. 0.00 69121.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 0.00 69121.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 v.	05/2010	,

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

						17602.00
		-7			-7	
						0.00
a la sub-	1		1	1	- 7	
						17602.00
a la casa da serie da	1	-	1	1	7	
						0.00
		-7	1		-7	
						0.00
a second		-7-			-7-	
						0.00
		-7-			-7-	

	-7	 	-7	84399.75
				05.00
	-7	 	-	25.00
				84374.75
	-		-	04374.75
				2096.00
	-7	 	7	2030.00
				0.00
	-7-	 	-7	0.00
				2096.00
	-7-	 		2000.00

COLUMN B

Calendar Year-to-Date

Page 5

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

14

			Detailed Summ		×	11a		11b	11c	\vdash	12	<u> </u>	-		
	y information copied from such Reports and Stat									con		ions	7		
or	for commercial purposes, other than using the na	ame and a	ddress of any poli	tical committee	e to so	licit cor	ntrib	utions f	rom such	cor	nmitte	e.			
\rangle	American Association of Nurse P	ractition	ners Political	Action Co	ommi	ttee									
A.	Full Name of Individual (Last, First, Middle Initial Alexander, Nanette, , ,) or Full Oi	rganization Name			Date of	Re	ceipt							
	Mailing Address 27 Sycamore St Ste 100					05 27 2025									
	City Glastonbury	State CT	Zip Code 06033-7208						20250602			_			
	FEC ID number of contributing federal political committee.	C				Amount	: of	Each R	eceipt thi	s Pe	eriod 50.0	0]		
	Name of Employer (for Individual) PrimeHealth Care	Occu NP	upation (for Individ	ual)		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	250.00]										
В.	Full Name of Individual (Last, First, Middle Initial Branham, Steven, , ,) or Full O	rganization Name			Date of	Re	ceipt							
	Mailing Address 4429 Briarbend Dr	1				05	/	09	/ Y	202	25 25	Y			
	City Houston	State TX	Zip Code 77035-5003		Transaction ID : 2025051263610-33 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			300.00]			
	Name of Employer (for Individual) Texas Tech University		upation (for Individ Faculty	ual)		Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify) ▼		, , ,	300.00											
с.	Full Name of Individual (Last, First, Middle Initial Chou, Hui-Tzu, , ,) or Full Oi	rganization Name			Date of	Re	ceipt							
	Mailing Address 87 Willow Gate					^M 05	/	D D D 10	/ Y	202	25 [°]	Y			
	City Roslyn Heights	State NY	Zip Code 11577-1440						2025051			5			
	FEC ID number of contributing federal political committee.	С						,			500.0	0]		
	Name of Employer (for Individual) HealthNeed Medical Urgent Care	Occu FNP	upation (for Individ	ual)		M	emc	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	500.00]										
s	UBTOTAL of Receipts This Page (optional)				•			,			850.0	0	Ī		
т	OTAL This Period (last page this line number on	ly)											1		

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

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

14

	. •		Detailed Summa	ary Page	×	-	$\mid \mid$	11b	11c	12	□			
Any information copied from	such Reports and Stat	tomonto m	v not be cold or u	eed by any n		13 or the		14	15 soliciting	16	tions	_		
or for commercial purposes														
NAME OF COMMITTEE	(In Full)													
American Assoc	ation of Nurse P	ractitior	ners Political	Action Co	mmi	ttee								
Full Name of Individual (A. Coimbra-Emanuele, I		l) or Full O	rganization Name			Data of	Do	agint						
Mailing Address 6428 Va					- '	Date of	ке	ceipt			11			
Walling Address 6428 Va	almont St					05	<i>'</i>	19) / Ү	2025	Y			
City		State	Zip Code			Trans	acti	on ID :	2025052	66369-7	5			
Tujunga		CA	91042-2557		/	Amount	of	Each R	eceipt thi	is Period				
FEC ID number of contri federal political committe	•	С						,		75.	00			
Name of Employer (for I USC Verdugo Hill Hospita	,	Occi	upation (for Individu	ial)		Me	emo	Item						
Receipt For:			Year-to-Date V											
	General	Ayyreyale												
Other (specify) ▼		L	-yy-	615.00										
Full Name of Individual (B. Dickens, James, , ,	Last, First, Middle Initia	l) or Full O	rganization Name			Date of	Re	ceipt						
Mailing Address 2717 Cr	ater Lake Ln					M	/	DDD	/ Y	YY	Y			
						05		06		2025				
City		State TX	Zip Code 76210-3378		Transaction ID : 2025051263610-64									
Denton			70210-3378		-	Amount of Each Receipt this Period								
FEC ID number of contri federal political committe	•	С			300.00									
Name of Employer (for I U.S. Department of Healt	,	Occ NP	upation (for Individ	ual)		Me	emo	Item						
Receipt For:		Aggregate	Year-to-Date ▼											
	General													
Other (specify) ▼			<u>, , , ,</u>	300.00										
Full Name of Individual (C. Hensley, Margaret,		l) or Full O	rganization Name			Date of	Re	ceipt						
Mailing Address 1818 Co	ounty Road 258					M	1		/ Y	<u>ү</u> ү	Y			
105 N. 3 City	Second St Santa Anna, 1	TX 76 State	Zip Code		- 1	05 Trans	acti	01	2025050	2025 56369-3	1			
Santa Anna		TX	76878-6006						eceipt thi					
FEC ID number of contri	buting			_		eu.it					_			
federal political committe		С					-	y		250.	00			
Name of Employer (for I Hensley Family Health Cl		Occi Owr	upation (for Individu ner	ial)		Me	emo	Item						
Receipt For:		Aggregate	Year-to-Date 🔻											
Primary 0 Other (specify)	aeneral		ap. 1 . 1 ap. 1	250.00										
SUBTOTAL of Receipts Th	is Page (optional)							,	,	625.	00			

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

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

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

14

			Detailed Summary Page		X 11a		11b	11c		12				
					13		14	15		16	17			
	y information copied from such Reports and for commercial purposes, other than using t													
\backslash	NAME OF COMMITTEE (In Full)													
	American Association of Nurs	e Practitio	ners Political Action Co	omm	nittee									
Α.	Full Name of Individual (Last, First, Middle Johnson, Margaret, , ,	Initial) or Full C	Organization Name		Date o	f Re	eceipt							
	Mailing Address 2715 Colonial Dr				^M 05	1	D D 14	/ Y	Y 20)25	Y			
	City	State	Zip Code		Trans	sact	ion ID :	2025051	963	613-3	5			
	Columbia	SC	29203-6818		Amoun	t of	Each R	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С						-		250.0				
	Name of Employer (for Individual) Columbia Area Mental Health Center	Occ	upation (for Individual)		М	em	o Item							
	Receipt For:	I	· · · · · ·											
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) V		250.00	4										
В.	Full Name of Individual (Last, First, Middle Ketner, Karen, , ,	Initial) or Full C	Organization Name		Date o	f Re	eceipt							
	Mailing Address 5877 Pistoia Way				м м 05		D D D 19	/ Y	ү 20	25	Y			
	City	State	Zip Code		Transaction ID : 202505266369-81									
	San Jose	CA	95138-2352		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			100.00									
	Name of Employer (for Individual) Santa Clara County	Occ	supation (for Individual)		М	em	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼	—										
	Primary General Other (specify) ▼		804.00	1										
с.	Full Name of Individual (Last, First, Middle Koslap-Petraco, Mary, , ,	Initial) or Full C	Organization Name		Date o	f Re	eceipt							
	Mailing Address 240 Abbey St				^M 05	/	D D 10	/ Y)25	Y			
	City	State	Zip Code		Trans	sact	tion ID :	2025051	263	610-1	9			
	Massapequa Park	NY	11762-3549		Amoun	t of	Each R	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С					,	,		50.0	00			
	Name of Employer (for Individual) Pediatric Nurse Practitioner House Cal		upation (for Individual) rdinator for Child Health		M	em	o Item							
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify)		220.00]										
s	UBTOTAL of Receipts This Page (optional).			 ▶			9	9		400.0	0			

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

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE

9 OF

14

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11t	> [11c	12		_
					13		14		15	16		17
	y information copied from such Reports and Staten for commercial purposes, other than using the nam											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big)$	American Association of Nurse Pra	actitione	ers Political Action Co	mmi	ttee							
A.	Full Name of Individual (Last, First, Middle Initial) of Kuo, Bradley, , ,	or Full Org	ganization Name		Date				_			
	Mailing Address 6700 Kalanianaole Hwy Ste 201 City	State	Zip Code	_	05 Tran		L	22 ID : 2	2025052	2025		
	Honolulu	HI	96825-1279						eceipt th		-	
	FEC ID number of contributing federal political committee.						7				0.00	
	Name of Employer (for Individual) WELLNESS PARTNERS HAWAII, INC.	Occup Psych	n NP		N	/lem	o Ite	m				
	Receipt For: Ag	gregate Y	'ear-to-Date ▼									
	Primary General Other (specify) ▼		400.00									
B.	Full Name of Individual (Last, First, Middle Initial) of Leners, Colleen, , ,	or Full Org	ganization Name		Date	of Re	eceip	ot				
	Mailing Address 1555 N Colonial Ter Apt 300				[™] 05	VI /	D	D 11	/ Y	2025	Y	
	,	State VA	Zip Code 22209-1414	_					2025051 eceipt th			
	FEC ID number of contributing federal political committee.						-		-	200	0.00	
	Name of Employer (for Individual) 1stCallHEALTH		pation (for Individual) Health Officer		N	/lem	o Ite	m				
	Receipt For: Ag	gregate Y	'ear-to-Date ▼									
	Primary General Other (specify) ▼	4	720.00									
C.	Full Name of Individual (Last, First, Middle Initial) of Metzger, Robert, , ,	or Full Org	ganization Name		Date	of Re	eceip	ot				
	Mailing Address 5810 Ponderosa St				^M 05		L	03	JL	2025		
	5	State TX	Zip Code 76034-6003						2025050 eceipt th			
	FEC ID number of contributing federal political committee.				<u> </u>		y		- y	50	0.00	
	Name of Employer (for Individual) Parkland Health	Occup NP	pation (for Individual)		ſ	Nem	o Ite	m				
	Receipt For: Ag Primary General Other (specify)	igregate Y	/ear-to-Date ▼ 445.00									
s	UBTOTAL of Receipts This Page (optional)						,			450	0.00	
т	OTAL This Period (last page this line number only)		•				-					

SCHEDULE A (FEC Form 3X) DECEIDES

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

14

		-	Use separate schedule(s)	(che	eck only	/ one)								
	D RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17					
	tion copied from such Reports and ercial purposes, other than using				for the	purpose c	of soliciting	g contribu	itions					
	F COMMITTEE (In Full)													
	can Association of Nurs	se Practitior	ners Political Action Co	mmi	ttee									
	e of Individual (Last, First, Middle er, Robert, , ,	Initial) or Full O	rganization Name		Date of	Receipt								
	ddress 5810 Ponderosa St				05 11 2025									
City Colleyvill	e	State TX	Zip Code 76034-6003		Transaction ID : 2025051263610-6 Amount of Each Receipt this Period									
	number of contributing olitical committee.	С						75.	_					
Name of Parkland	Employer (for Individual) Health	Occi NP	upation (for Individual)		Me	emo Item								
	^E or: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 445.00	1										
B. Pack, A	•	Initial) or Full O	rganization Name		Date of	Receipt								
Mailing A	ddress 505 Jordan Ave				05 / D D / Y Y Y Y 2025									
City		State	Zip Code		Transaction ID : 2025051963613-41									
Smithfiel	d	VA	23430-1421		Amount of Each Receipt this Period									
	number of contributing olitical committee.	С			250.	00								
	Employer (for Individual) a Wellness Clinic	Occ FNF	upation (for Individual) P-C		Me	emo Item								
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 325.00]										
	e of Individual (Last, First, Middle Alysia, , ,	Initial) or Full O	rganization Name		Date of	Receipt								
Mailing A	ddress 505 Jordan Ave				^M 05	/ D 2		2025	Y					
City Smithfiel	d	State VA	Zip Code 23430-1421				: 2025052 Receipt th							
	number of contributing olitical committee.	С				- y - 1		75.	00					
Concentr	Employer (for Individual) a Wellness Clinic	Occi FNP	upation (for Individual) -C		Me	emo Item								
	For: mary General her (specify)	Aggregate	Year-to-Date ▼ 325.00]										
SUBTOTAL	of Receipts This Page (optional)		•	• •		, , , , , , , , , , , , , , , , , , ,	9	400.	00					

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

100

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

14

			for each category of the Detailed Summary Page	×	11a		11b	11c	12		
					13	1	14	15	16	1	17
	copied from such Reports and Sta I purposes, other than using the i										
NAME OF CO	MMITTEE (In Full)										
American	Association of Nurse F	Practition	ners Political Action Co	ommit	tee						
Full Name of I A. Peck, Jessic	Individual (Last, First, Middle Initia ca, , ,	al) or Full O	rganization Name		Date of	Rec	eipt				
Mailing Addres	^{SS} 233 Mesquite Falls Ln				м м 05	/	D D D 13	/ Y	y y 2025	Y	
City		State	Zip Code		Transa	actio	n ID : 2	2025051	963613-	47	
Friendswood		ТХ	77546-3979	A	mount	of E	ach Re	eceipt th	is Period	t	
FEC ID numbe federal politica	er of contributing I committee.	С						-	150	.00	
Name of Empl Baylor Universi	loyer (for Individual) ity	Occu NP	upation (for Individual)		Me	emo	Item				
Receipt For:	,	Aggregate	Year-to-Date ▼								
Primary Other (sp	General gecify) ▼		250.00	1							
Full Name of I	Individual (Last, First, Middle Initia	al) or Full O	rganization Name								
B. Rafter, Anni	ie, , ,			C	Date of	Rec	eipt				
	SS 1925 Rosina St Ste E				^м 05	/	D D 16	/ Y	ү ү 2025	Y	
City Santa Fe		State NM	Zip Code 87505-3355						963613-		
	er of contributing	_			Amount			eceipt til	iis Perioo	1	-
federal politica	0	C		J.			<u> </u>	7	100	.00	
	loyer (for Individual)		upation (for Individual)		Me	emo	ltem				
Imana Medicin Receipt For:	e		N Nurse Practitioner								
Primary	General	Aggregate	Year-to-Date ▼								
Other (sp	pecify) ▼		210.00	1							
Full Name of I C. Shute, Pat	Individual (Last, First, Middle Initia ricia, , ,	al) or Full O	rganization Name	C	Date of	Rec	eipt				
	ss 671 Blais St	1-			^M 05	/	D D D 27	/ Y	2025 Y	_	
City Berlin		State NH	Zip Code 03570-3637						26368-4		
			03370-3037	A	Mount	of E	ach Re	eceipt th	is Period	d .	
FEC ID numbe federal politica	er of contributing I committee.	С		15				- y		.00	
Coos County F	oyer (for Individual) Family Health Services	Occu FNP	upation (for Individual)		Me	emo	ltem				
Receipt For:		Aggregate	Year-to-Date 🔻								
Primary Other (sp	General pecify)		254.00	1							
SUBTOTAL of F	Receipts This Page (optional)		•			. ,		7	260	.00	
				- F			_				7

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

100

1 - ge 1 - ge 1 - 1

1.

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

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

14

••			Detailed Summary Page		X 11a		11b	11c		12					
Δ	w information conied from such Departs and	Ototomente	l		13	<u> </u>	14	15		16 atributi	17				
	ny information copied from such Reports and for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
	American Association of Nurse	e Practitior	ners Political Action Co	mm	ittee										
Α.	Full Name of Individual (Last, First, Middle In Siegel, Marsha, , ,		Date of Receipt												
	Mailing Address 2345 E Riding Club Rd														
	City	State	Zip Code		Transaction ID : 2025051263610-5										
	Cheyenne	WY	82009-9707	_	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			200.00										
	Name of Employer (for Individual) Dept of Veterans Affairs	Occ FNF	upation (for Individual)		Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		300.00]											
В.	Full Name of Individual (Last, First, Middle In Tedesco, Deborah, , ,	nitial) or Full C	rganization Name		Date of	Re	ceipt								
	Mailing Address 1593 Arrowroot Pl		05 01 2025												
	City	State	Zip Code		Transaction ID : 202505056369-30										
	Oviedo	FL	32765-7284	Amount of Each Receipt this Perio											
	FEC ID number of contributing federal political committee.	С			100.00										
	Name of Employer (for Individual) Florida Nurse Practitioner Network	Occ	upation (for Individual)		Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		450.00	1											
<u> </u>	Full Name of Individual (Last, First, Middle In Vroman, Alisa, , ,	nitial) or Full C	rganization Name		Date of	f Re	ceipt					_			
	Mailing Address 19 Ridgeway Dr				05	/	D D 19	/ Y)25	Y				
	City	State	Zip Code		Trans	act	2025052	663	69-71						
	Bar Harbor	ME	04609-7309	_	eriod										
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	,	, <u>,</u>	_	250.0	0				
	Name of Employer (for Individual) Mount Desert Island Hospital		M	emo	ttem										
	Receipt For:	Aggregate	Year-to-Date V												
	Other (specify)		250.00]											
s	UBTOTAL of Receipts This Page (optional)	1		<u> </u>			y			550.0	0				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

14

				Detailed Summary Page		< 11 13		-	11b 14	'	11c 15		12 16	17	7
	y information copied from such Reports and State for commercial purposes, other than using the na														
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Association of Nurse Pr	ractition	ner	s Political Action Co	mm	itte	e								
A.	Full Name of Individual (Last, First, Middle Initial) Walsh-Irwin, Colleen, , , Mailing Address 195 Cedrus Ave	or Full O	rga	nization Name		М	e of ™ 5	Re	eceip	ot 18) / Y	202	25	Y	
	City East Northport	State NY		Zip Code 11731-4414							2025051 Receipt th				
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Осси	Jpa	tion (for Individual)	_) Iter				75.0)0]
	Department of Veterans Affairs Receipt For: µ Primary General Other (specify) ▼			n Manager ar-to-Date ▼ 600.00											
в.	Full Name of Individual (Last, First, Middle Initial) Whitten, Shannon, , , Mailing Address 818 Evergreen Dr	or Full O	rga	nization Name		M	e of ™ 5	[:] Re	eceip) / Y	202	7	Y	
	City Sandersville	State GA		Zip Code 31082-8440		Tra	ins			D :	2025051 Receipt th	9636	13-16	3	
	FEC ID number of contributing federal political committee.	С						75.00 Memo Item							
	Name of Employer (for Individual) CHCS Inc.	Occi FNF		tion (for Individual)		Ч	IVI	emc		'n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 275.00											
C.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rga	nization Name		Date	e of	Re	eceip	ot					
	Mailing Address	1		1		М	М	1	D	D) / Y	Y	Y	Y	
	City	State		Zip Code		Amc	unt	of	Eac	h R	Receipt th	nis Pe	riod		
	FEC ID number of contributing federal political committee.	С				Ľ			y	-	. ,	_			
	Name of Employer (for Individual)	Occu	upa	tion (for Individual)		Ц	M	emo	o Ite	m					
	Receipt For: / Primary General Other (specify)	Aggregate	Yea	ar-to-Date V											
s	UBTOTAL of Receipts This Page (optional)				•				,	-	,	1	150.0	0	
т	OTAL This Period (last page this line number only	y)			•				-		1.45	36	685.0	00	

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

		Detailed Summary Page	11a 11b 11c 12 13 14 15 X 16 17										
			person for the purpose of soliciting contributions be to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
angle American Association of N	lurse Practitior	ners Political Action Co	ommittee										
Full Name of Individual (Last, First, M A. Peters For Michigan	ddle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address PO Box 32072	M M / D D / Y Y Y Y 05 16 2025												
City Detroit	State MI	Zip Code 48244	Transaction ID : E8A2E2E2EA7B7CD66EC Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C co	0437889	2500.00										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Refund of 2026 General Contribution Campaign Chec										
Receipt For: 2026	Aggregate	Year-to-Date ▼	2894										
Primary X General Other (specify) ▼		5000.00]										
Full Name of Individual (Last, First, M B. Peters For Michigan	ddle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address PO Box 32072			05 16 2025										
City Detroit	State MI	Zip Code 48244	Transaction ID : E93508729C2B194208B Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C coo	2500.00											
Name of Employer (for Individual)	Occ	Memo Item											
Receipt For: 2026 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	Refund of 2026 General Contribution Campaign Chec 2894										
Full Name of Individual (Last, First, M	ddle Initial) or Full C	organization Name											
C. Mailing Address			Date of Receipt										
City	State	Zip Code	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.													
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
Receipt For: Primary General Other (specify)		Year-to-Date ▼]										
SUBTOTAL of Receipts This Page (opti	 onal)		5000.00										
TOTAL This Period (last page this line i	number only)		5000.00										