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## Contact Information

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## Reported Compensation:

Date	Type	Value	Paid To
No Compensation reported.			

## Reported Expenditures:

Date	Amount	Beneficiary	Paid To	Reason	On Behalf Of
No Expenditures reported.					

## Reported Anything of Value:

Date	Type	Value	Paid To	Beneficiary	Title	Office	Location
No Anything Of Value reported.							

## Reported Contributions:

Date	Amount	Paid To	Beneficiary	Office	Contribution Type
No Contributions reported.					

## Reported Subjects:

### Budget

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

## Reported Bills:

No bills reported.

## Reported Public Bodies:

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### **Governor, Office of**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

### **Health and Human Services, Rhode Island Executive Office of**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

### **Health, Department of**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

## Reported Executive Officials:

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### **House Health Education and Welfare**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

### **House Speaker**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

### **House**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

### **Office of the Governor**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

### **Senate Finance Committee**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

### **Senate**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**

### **senate health**

EMILY ROSE FRANKEL on behalf of **NURSE-FAMILY PARTNERSHIP**