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Contact Information

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80203

Reported Compensation:

Date	Type	Value	Type	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:

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**

Reported Executive Officials:

Governor's Office

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

department of health

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