PAGE 1 / 9

Image# 15951181023

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Nurses Asso	ociation PAC		
ADDRESS (number and street)	8515 Georgia Avenue		
▼	Suite 400		
Check if different than previously reported. (ACC)	Silver Spring		MD 20910 -
2. FEC IDENTIFICATION NU	JMBER ▼ CI	ГҮ▲	STATE ▲ ZIP CODE ▲
C C00017525		S THIS NEW (N) C	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (7 20 (M3) Jun 20 (I	(Non-Election Year Only)
April 15	Apr	20 (M4) Jul 20 (M	
Quarterly Report (Q	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q	·	(123)	
January 31 Year-End Report (Y	E) Election	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 01	01 / 2015	through 0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined th	is Report and to the best of	f my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasure	Sylvia Weber		
Signature of Treasurer Sylvia	ı Weber	[Electronically Filed]	Date 04 / 17 / 2015
NOTE: Submission of false, errone	eous, or incomplete informatio	n may subject the person signi	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
American Nurses Association PAC		
Report Covering the Period: From: 01	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	01 31 2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		80031.35
(b) Cash on Hand at Beginning of Reporting Period	80031.35	
(c) Total Receipts (from Line 19)	11216.95	11216.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	91248.30	91248.30
7. Total Disbursements (from Line 31)	5005.00	5005.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	86243.30	86243.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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. 06/2004)

Write or Type Committee Name

A	KI	A	$ \sim $
American	Nurses	Association	PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		570.04
(i) Itemized (use Schedule A)	578.34	578.34
(ii) Unitemized	10638.61	10638.61
(iii) TOTAL (add	10030.01	10000.01
Lines 11(a)(i) and (ii)▶	11216.95	11216.95
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	11216.95	11216.95
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
	1 1 1 1 1 1 1 1 1 1 1 1	
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
S. Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
B. Transfers from Non-Federal and Levin Funds	3.55	
(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
D. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	11216.95	11216.95
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	11216.95	11216.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
. Operating Expenditures: —— (a) Allocated Federal/Non-Federal		Calendar Year-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) New Federal Chara	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
Expenditures	0.00	0.00	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00	
Transfers to Affiliated/Other Party		0.00	
Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	5000.00	5000.00	
Independent Expenditures	0.00	0.00	
(use Schedule E) Coordinated Party Expenditures	3.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	5.00	5.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	5100	
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	5.00	5.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
	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	5.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5005.00	5005.00	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	5005.00	5005.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11216.95	11216.95
4. Total Contribution Refunds (from Line 28(d))	5.00	5.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11211.95	11211.95
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

1mage# 15951181028 PAGE 6 / 9

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: F3XA Transaction ID:

This 2015 amended February FEC report includes one unitemized receipt transaction and a refund of contribution made that was erroneously omitted in the original report.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FO	R LINE	NU	IMBER	:	PAGE	=	7 (ЭF	9
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,		13		14		15		16		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 Nurses Association PAC Full Name (Last, First, Middle Initial) Charlotte S. Bishop Date of Receipt Mailing Address PO Box 2 2015 City State Zip Code Transaction ID: A8FBA871E08014536A40 36256-0002 Daviston AL Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Name of Employer Occupation CRNP Randolph Co. Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Gayle M. Peterson Date of Receipt Mailing Address 20 Sargent St 01 80 2015 City State Zip Code Transaction ID: AC59667257941477F857 MA Melrose 02176-1932 Amount of Each Receipt this Period FEC ID number of contributing C 208.34 federal political committee. Name of Employer Occupation MGH Staff Nurse Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 208.34

care. (cpccy) •		
Full Name (Last, First, Middle Initial) Dr. LINDA SCHWARTZ		Date of Receipt
Mailing Address 384 N Anguilla Rd		01 24 2015
City	State Zip Code	Transaction ID : AB7EAB70177694DACAAI
Pawcatuck	CT 06379-1247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
State Of Ct Dept Of Vetean Affairs	Assistant Secretary of Veteran Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
IDTOTAL of Describe This Days (setimal)		578.34

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

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

578.34

C.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) A. New Democrat Coalition PAC Mailing Address 233 Pennylvania Avenue SE 2nd Floor City State Zip Code Washington Candidate Name Office Sought: House President Senate President State: District: Full Name (Last, First, Middle Initial) B. Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2015 Category/ Type Office Sought: House Disbursement For: 2015 Full Name (Last, First, Middle Initial) B. Amount of Each Disbursement this Period Category/ Type Transaction ID : B2EEF21D05CAB4B15A0 Amount of Each Disbursement this Period Category/ Type Transaction ID : B2EEF21D05CAB4B15A0 Amount of Each Disbursement this Period Category/ Type Transaction ID : B2EEF21D05CAB4B15A0 Amount of Each Disbursement this Period Category/ Type Transaction ID : B2EEF21D05CAB4B15A0 Category/ Type Transaction ID : B2EEF21D05CAB4B15A0 Category/ Type Transaction ID : B2EEF21D05CAB4B15A0 Amount of Each Disbursement this Period Category/ Type Transaction ID : B2EEF21D05CAB4B15A0 Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General President Primary General Primary General President	SCHEDULE B (FEC Form 3X)			PAGE 8 OF 9	
Detailed Summary Page 27 28a 28b 28c 29 30b and 28c 29 30c and 28c	ITEMIZED DISBURSEMENTS	ior each category of the			2
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 Pall) American Nurses Association PAC Full Name (Last, First, Middle Initial) A. New Democrat Coalition PAC Mailing Address 239 Purpose of Disbursement Purpose of Disbursement Political Contribution Cardidate Name City State District City State District Other (specify) Purpose of Disbursement Candidate Name City State District City State District District Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement Category/ Type Office Sought: Benate Purpose of Disbursement Candidate Name City State District Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Type Office Sought: Benate Primary Office Sought: City State District City State Disbursement For: Candidate Name Category/ Type Office Sought: Candidate Name City State District Candidate Name Office Sought: Candidate Name Office Sought: District State: District SubtroTal of Disbursement To District State: District SubtroTal of Disbursements State: District SubtroTal of Disbursements State: District SubtroTal of Disbursements SubtroTal of Disbursements This Page (optional)					
NAME OF COMMITTEE (in Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) A. New Democrat Coalition PAC Mailing Address 233 Pennylyania Avenue SE Znd Floor City State Zip Code Washington DC 20003-1121 Purpose of Disbursement Political Contribution Candidate Name Office Sought: House Persident Pirinary General Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category' Office Sought: House Pirinary General Purpose of Disbursement Candidate Name Category' Office Sought: House Pirinary General Purpose of Disbursement Candidate Name Category' Office Sought: House Pirinary General Purpose of Disbursement Candidate Name Category' Office Sought: House Pirinary General Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Office Sought: House Pirinary General Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) Category' Office Sought: House Pirinary General Purpose of Disbursement Category' Office Sought: House Pirinary General Purpose of Disbursement Category' Office Sought: House Pirinary General Purpose of Disbursement State: District: State Zip Code Purpose of Disbursement Category' Office Sought: House Pirinary General Purpose of Disbursement State: District: Senate Pirinary General Pirinary General Pirinary General Pirinary General State: District: Substrotal of Disbursement This Page (optional) State: District: Substrotal of Disbursements This Page (optional)					
American Nurses Association PAC Full Name (Last, First, Middle Initial) A. New Democrat Coalition PAC Mailing Address 233 Pennylvania Avenue SE Znd Floor City State Zip Code Washington DC 20003-1121 Purpose of Disbursement Por: 2015 Sanate Persident State: District: Other (specify) Vipe Office Sought: House President President State: Disbursement For: 2015 Full Name (Last, First, Middle Initial) B. Date of Disbursement this Period Category: Office Sought: House Disbursement For: 2015 Sanate President State: District: Other (specify) Vipe Office Sought: House Disbursement For: 2015 Sanate President State: District: Other (specify) Vipe Office Sought: House Disbursement For: 2015 Sanate President State: District: Other (specify) Vipe Office Sought: House Disbursement For: 2015 Sanate President State: District: Amount of Each Disbursement this Period Category: Type Office Sought: House Disbursement For: 2015 Sanate President State: District: Amount of Each Disbursement this Period Category: Type Office Sought: House President State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Category: Type Office Sought: House President Primary General Primary General Primary General Primary General President State: District Primary General		ne and address of any politic	al committee to	solicit contributi	ons from such committee.
Full Name (Last, First, Middle Initial) A. New Democrat Coalition PAC Mailing Address 233 Pennylvania Avenue SE Znd Floor City State Zip Code Washington DC 20003-1121 Political Contribution Candidate Name Office Sought: House Pensident Pensident State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Amount of Each Disbursement this Period Transaction ID: B2EEF21005CAB4B15A0 Transaction ID: B2EEF210SCAB4B15A0 Transaction ID: B2EEF210SCAB4B15	· · ·				
A. New Democrat Coalition PAC Mailing Address 233 Pennylvania Avenue SE 2nd Floor City State Zip Code Washington DC 20003-1121 Purpose of Disbursement Political Contribution Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: 2015 Purpose of Disbursement Candidate Name Office Sought: President State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: 2015 Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Category/ Type Office Sought: President Disbursement For: Category/ Type Office Sought: President Disbursement For: Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: Category/ Type Office Sought: President Disbursement For: Category/ Type Office Sought: District: State: District: District: State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Primary General Disbursement For: Senate President District: Substate District: Senate Primary General Other (specify) Sought: Senate President District: Substate District: Senate Primary General Other (specify) Sought: Senate President District: Substate District: Senate Primary General Other (specify) Sought: Senate President District: Senate Primary General Other (specify) Sought: Senate President District: Senate Primary General Other (specify) Sought: Senate President District: Senate Primary General Other (specify) Sought: Senate President District: Senate Primary General Other (specify) Sought: Senate Primary General Primary Gener	American Nurses Association FAC				
Mailing Address 233 Pennylvania Avenue SE 2nd Floor City Washington Disbursement Political Contribution Candidate Name City State Disbursement President State Disbursement Full Name (Last, First, Middle Initial) Butter Full Name (Last, First, Middle Initial) State: Disbursement For: Senate President Other (specify) Transaction ID : 82EEF21D05CA84815A0 Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Other (specify) Transaction ID : 82EEF21D05CA84815A0 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Other (specify) Transaction ID : 82EEF21D05CA84815A0 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Other (specify) Category/ Other (specify) Transaction ID : 82EEF21D05CA84815A0 Amount of Each Disbursement this Period Category/ Other (specify) Transaction ID : 82EEF21D05CA84815A0 Amount of Each Disbursement this Period Category/ Other (specify) Transaction ID : 82EEF21D05CA84815A0 Amount of Each Disbursement this Period Category/ Other (specify) Transaction ID : 82EEF21D05CA84815A0 Transaction ID : 82EEF21D	_			Data of Diob	waamant
Mailing Address City Senate President Candidate Name Candidate Name City Senate President Cother (specify) ▼ State Zip Code Purpose of Disbursement Political Contribution City State Zip Code Purpose of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Transaction ID: 82EEF21005CAB4B15A0 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type	New Democrat Coalition PAC				
City State Zip Code Washington DC 20003-1121 Purpose of Disbursement Political Contribution Candidate Name City State Zip Code Purpose of Disbursement City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City Senate Primary General City General City State Zip Code Purpose of Disbursement Candidate Name City Senate Primary General City State Zip Code Purpose of Disbursement Calegory/ Type City State Zip Code Purpose of Disbursement Calegory/ Type City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Calegory/ Type City State Zip Code Purpose of Disbursement Calegory/ Type State Signate Primary General City State Signate Primary General City Senate Primary Senate Senate Primary Senate Senate Primary Senate Senate Primary Senate Sena	Mailing Address 233 Pennylvania Avenue SE				
Washington DC 20003-1121 Purpose of Disbursement Political Contribution Candidate Name Calegory/ Type Office Sought: House Primary General President State: Disbursement Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type District: Full Name (Last, First, Middle Initial) Candidate Name District: Full Name (Last, First, Middle Initial) Candidate Name District: Full Name (Last, First, Middle Initial) Category/ Type Disbursement Category/ Type Date of Disbursement Amount of Each Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type District: Date of Disbursement Category/ Type District: State: District: District: State: Disbursement For: General Disbursement For:		State Zin Code			
Purpose of Disbursement Political Contribution Candidate Name Office Sought: House President Primary General State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District: Senate Primary General Other (specify) ▼ State: District: Senate Primary General Other (specify) ▼ Substate: District: Senate Primary Gene				Transaction	ID: B2EEF21D05CAB4B15A0
Candidate Name Category/ Type Soo.oo Office Sought:	Purpose of Disbursement				
Office Sought: House Senate President State: District: Other (specify) ▼ Other/2015 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Other (specify) ▼ Other (specify) ▼ Senate Primary General President State: District: District: District: Other (specify) ▼ Mailing Address Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement House Other (specify) ▼ Date of Disbursement this Period Category/ Type Date of Disbursement To: Date of Disbursement For: Other (specify) ▼ Amount of Each Disbursement This Period Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President Senate President Other (specify) ▼ Substotal of Disbursement This Page (optional)				Amount of Ea	ach Disbursement this Period
Office Sought:	Sandado Hamo				5000.00
State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) B.					
State: District: Other2015 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Possorial Primary General Other (specify) Date of Disbursement this Period Amount of Each Disbursement Date of Disbursement Date of Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House President Other (specify) Senate President Other (specify) State: District: Sought: Sought: Primary General Primary General Primary General Primary General Primary General Primary General Other (specify) State: District: Substructs		-			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Primary General Primary General Other (specify) ▼ State: District: Mailing Address City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Office Sought: House Primary General Other (specify) ▼ Senate President State: Disbursement For: Senate Primary General Other (specify) ▼ Substortal of Disbursements This Page (optional)					
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Office Sought: President Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: Primary General Other (specify) ▼ Date of Disbursement Candidate Name Category/ Type Office Sought: Primary General Other (specify) ▼ Date of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substortal of Disbursement This Page (optional)	Full Name (Last, First, Middle Initial)				
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substortant For: Senate Primary General Other (specify) ▼ Substortant For: Senate Primary General Other (specify) ▼ Substortant For: Senate Primary General Other (specify) ▼ Substortant of Disbursements This Page (optional)	В.			Date of Disbu	ırsement
City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought:	Mailing Address			M M /	D D / Y Y Y Y
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Substitute					
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)	City	State Zip Code			
Candidate Name Category/ Type	Purpose of Disbursement				
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)				Amount of Ea	ach Disbursement this Period
Office Sought:	Candidate Name				
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Primary General Other (specify) State Zip Code Primary General Other (specify) State Disbursement This Page (optional)	Office Sought: House Disbursen	nent For:	Турс		
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substoctal of Disbursements This Page (optional)					
Full Name (Last, First, Middle Initial) Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Primary General President State: District: Substock Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Other (specify) State: District:		Other (specify) ▼			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: Subtotal of Disbursements This Page (optional)					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: SUBTOTAL of Disbursements This Page (optional)	C.			Date of Disbu	ırsement
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Subtotal of Disbursements This Page (optional)	Mailing Address			M = M /	D D / Y Y Y Y Y
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substitute Substitute State: Disbursements This Page (optional)					
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substrict: Substrict: Force on the substrict of Disbursement Substrict State: Disbursements This Page (optional)	City	State Zip Code			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement				
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)				Amount of Ea	ach Disbursement this Period
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Candidate Name		Category/		
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:	туре	-	
State: District: SUBTOTAL of Disbursements This Page (optional)		,			
SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼			
Face of	State. District.				
5000.00	SUBTOTAL of Disbursements This Page (optional)				5000.00
					5000 00

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 9					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	lly one)				
	Detailed Summary Page	27	X 28a	28b 28c 29 30l			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
	le and address of any politica	ai committee to	SOIICIT COTITIBU	mons nom such commutee.			
NAME OF COMMITTEE (In Full) American Nurses Association PAC							
Full Name (Last, First, Middle Initial)			Date of Disl	ourgament			
A. Ms. Marie Kamgang Sr			M M /	Dursement			
Mailing Address 110 Misty Dale Way			01	07 2015			
,	State Zip Code		Transactio	on ID : B15753D406DCE4894A39			
Jan. 10.02 a.g	MD 20877-1802		Transactio	JII ID . D 13733D400D0E4034A3.			
Purpose of Disbursement Refund receipt received			Amount of E	Each Disbursement this Period			
Candidate Name		Category/		5.00			
Office Sought: House Disbursem	aont For:	Туре		3.00			
	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			D : (D:)				
В.			Date of Dist				
Mailing Address			M = M /	D D / Y Y Y Y			
City	State Zip Code						
Purpose of Disbursement							
			Amount of E	Each Disbursement this Period			
Candidate Name		Category/ Type					
Office Sought: House Disbursem	nent For:	Турс		, ,			
Senate	Primary General						
	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) C.			Date of Disl	oursement			
•			M M /	D D / Y Y Y Y			
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
Turpose of Disbursement			Amount of F	Each Disbursement this Period			
Candidate Name		Category/ Type	Amount of L	Lacif Disbursement this Feriou			
Office Sought: House Disbursem	nent For:	туре					
	Primary General						
	Other (specify) ▼						
State: District:							
				5.00			
SUBTOTAL of Disbursements This Page (optional)		·····•		5.00			
TOTAL This Period (last page this line number only).				5.00			
(