

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Nurses Association PAC

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="2015"/> | | 80031.35 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 63153.19 | |
| (c) Total Receipts (from Line 19) | 11314.59 | 51256.43 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 74467.78 | 131287.78 |
| 7. Total Disbursements (from Line 31)..... | 4000.00 | 60820.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 70467.78 | 70467.78 |
| 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 | |

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

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From: 04 / 01 / 2015 To: 04 / 30 / 2015

| 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)..... | 1681.68 | 6760.04 |
| (ii) Unitemized | 9632.91 | 44496.39 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 11314.59 | 51256.43 |
| (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) | 11314.59 | 51256.43 |
| 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.)..... | 0.00 | 0.00 |
| 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))..... ▶ | 11314.59 | 51256.43 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 11314.59 | 51256.43 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | 60.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 60.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 4000.00 | 60750.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(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 | 0.00 | 10.00 |
| (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))..... | 0.00 | 10.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(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)) .. | 4000.00 | 60820.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4000.00 | 60820.00 |

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 |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 11314.59 | 51256.43 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 10.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11314.59 | 51246.43 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 60.00 |
| 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 | 60.00 |

**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 9 |
| | <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 | |

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

A. Mary H. Griffith
Full Name (Last, First, Middle Initial)
Mailing Address 15251 S 26th St.
City Phoenix State AZ Zip Code 85048-9514
FEC ID number of contributing federal political committee. **C**
Name of Employer E & H Resources Inc Occupation Consultant
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 16 / 2015**
Transaction ID : A15D96BF365C646FCA9D
Amount of Each Receipt this Period **250.00**

B. Ms. Judith A Huntington
Full Name (Last, First, Middle Initial)
Mailing Address 12816 SE 243rd St
City Kent State WA Zip Code 98030-5083
FEC ID number of contributing federal political committee. **C**
Name of Employer WASHINGTON STATE NURSES A Occupation Staff Nurse
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 13 / 2015**
Transaction ID : ACDBD2CD92B7446799ED
Amount of Each Receipt this Period **83.34**

c. Mary Louis C. Lovering
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 36
City Canaan State VT Zip Code 05903-0036
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 03 / 2015**
Transaction ID : A0F99E384EA6344EC8A8
Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **633.34**
TOTAL 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 9 |
| | <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 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Ms. Gayle M. Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Sargent St
 City Melrose State MA Zip Code 02176-1932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MGH Occupation Staff Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : ACE41CB481095499CA5B
 Amount of Each Receipt this Period
 208.34

B. GERTRUDE Busch Valentine RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 8777 Big Bend Blvd
 City Saint Louis State MO Zip Code 63119-3778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VOLUNTEER @ ST JOHNS Occupation Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : AB5F6999AB5D54E10A6F
 Amount of Each Receipt this Period
 600.00

C. Karla Zengerle-Levy
 Full Name (Last, First, Middle Initial)
 Mailing Address 4428 Sherman Blvd
 City Galveston State TX Zip Code 77550-8519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Education Resource Center Occupation Educator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : A5ED02C3235C940C4A24
 Amount of Each Receipt this Period
 240.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1048.34 |
| TOTAL This Period (last page this line number only).....▶ | 1681.68 |

**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"/> 24 | <input type="checkbox"/> 25 | <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 Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. DAVIS FOR CONGRESS

Mailing Address PO Box 2842

City Washington State DC Zip Code 20013-2842

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Danny K. Davis

Office Sought: House
 Senate
 President
State: IL District: 07

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : BC2779B72374B4C089A9

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN CONYERS

Mailing Address 5 Rosecraft Dr

City Fredericksburg State VA Zip Code 22407-2345

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. John Conyers Jr.

Office Sought: House
 Senate
 President
State: MI District: 13

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : B7495E63910B04EE5930

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Langevin For Congress

Mailing Address 181 A Knight St

City Warwick State RI Zip Code 02886-1296

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Jim R. Langevin

Office Sought: House
 Senate
 President
State: RI District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : BDDA67F5CC56848E9980

Amount of Each Disbursement this Period

500.00

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

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

2000.00

**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"/> 24 | <input type="checkbox"/> 25 | <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 Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. PELOSI FOR CONGRESS

Mailing Address 235 Montgomery St
Ste 610

City San Francisco State CA Zip Code 94104-2915

Purpose of Disbursement
Political Contribution

Candidate Name
Rep. Nancy Pelosi

Office Sought: House
 Senate
 President
State: CA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : B7848514A5F0A48AEB7D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WYDEN FOR OREGON

Mailing Address PO BOX 3271

City Portland State OR Zip Code 97208-3271

Purpose of Disbursement
JFC Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Other2015

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : B53D32AD0855B466899A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

4000.00