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Image# 15951416077

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		or other	IIIaii Aii Au		Committee			Office Us	se Only	
1. NAME COMMI	OF ITTEE (in full)	TYPE OR PE	RINT ▼		mple: If typing the lines.	ng, type	12FE4N	15		
America	an Nurses Asso	ciation P	AC							ı
ADDRESS ((number and street)	8515 Geor	gia Avenue							
Ch	eck if different	Suite 400								
tha	n previously ported. (ACC)	Silver Spri	ng				MD	20910		
2. FEC ID	DENTIFICATION NU	MBER ▼	CI	TY▲		5	STATE 🛦		ZIP COI	DE 🛦
С	C00017525			S THIS REPORT	\	NEW (N) OR		AMENDED (A)		
4. TYPE (Choose	OF REPORT e One)	(b) Month Repo	on:	20 (M2)		May 20 (M5) Jun 20 (M6)	-	ug 20 (M8)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Qu	arterly Reports:			. 00 (144)		L. L. O.O. (M.47)		-1 00 (1110)	Н	(Non-Election Year Only)
	April 15 Quarterly Report (Q1	1) (c)	12-Day	20 (M4)		Jul 20 (M7)	. —	ct 20 (M10)	屵	Jan 31 (YE) Runoff (12R)
	July 15 Quarterly Report (Q2	2)	PRE-Election Report for the:	=	Primary (12F		4	al (12G) al (12S)	ш	nulloli (12h)
	October 15 Quarterly Report (Q3		toport for the	ш	Convoluent	(120)	Ороск	(120)		
	January 31 Year-End Report (YE		Election	on on	_M/	D D /	YIYIYI	Y	in the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	' `´ I	30-Day POST-Election Report for the:		General (300	G)	Runof	(30R)		Special (30S)
	Termination Report (TER)		Election	on on	M = M /	D D /	Y = Y = Y =	Y	in the State of	
5. Coverin	g Period 04	01	2015	Y	through	M M 04	/ D D 30	/ Y Y 201	15	
I certify that	I have examined this	s Report an	d to the best of	f my knov	wledge and	belief it is tru	e, correct a	and complet	te.	
-	nt Name of Treasurer	-								
Signature of	Treasurer Sylvia	Weber			[Electronicall	y Filed] D	ate 05	M / D		2015
NOTE: Subm	nission of false, errone	ous, or incor	nplete informatio	on may su	bject the per	son signing th	is Report to	the penaltic	es of 2 L	J.S.C. §437g.
0.	ffice Jse			,	, . p			FEC	FOR lev. 12/20	M 3X
	Only			I		1	I	- 1		

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Nurses Association PAC

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American I	Nurses	Association	PAC
------------	--------	-------------	-----

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Co	ntributions (other than loans) From:		
(a)	Individuals/Persons Other		
	Than Political Committees		
	(i) Itemized (use Schedule A)	1681.68	6760.04
	(*) 11 · 11 · · · · · · · · · · · · · · ·	0022.04	44496.39
	(ii) Unitemized(iii) TOTAL (add	9632.91	44490.39
	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)		7	
(4)	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	11314.59	51256.43
. Tra	nsfers From Affiliated/Other		
Pa	rty Committees	0.00	0.00
B. All	Loans Received	0.00	0.00
	_		
. Loa	an Repayments Received	0.00	0.00
. Off	sets To Operating Expenditures		
(Re	efunds, Rebates, etc.)		
(Ca	arry Totals to Line 37, page 5)	0.00	0.00
B. Re	funds of Contributions Made	,	,
	Federal Candidates and Other		
	itical Committees	0.00	0.00
	ner Federal Receipts	0.00	0.00
	vidends, Interest, etc.)	0.00	0.00
	Non-Federal Account		
(a)	(from Schedule H3)	0.00	0.00
	(non ochodule 110)	5.50	0.00
(h)	Levin Funds (from Schedule H5)	0.00	0.00
(~)			7 7
	Total Transfers (add 18(a) and 18(b))	0.00	0.00

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	
. Op (a)	erating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinal four to but	
	(i) Federal Share	0.00	0.00	
	··	0.00	0.00	
(b)	(ii) Non-Federal Share Other Federal Operating	0.00	0.00	
(5)	Expenditures	0.00	60.00	
(c)				
Tue	(add 21(a)(i), (a)(ii), and (b))▶	0.00	60.00	
	ansfers to Affiliated/Other Party	0.00	0.00	
Co Fe	ntributions to deral Candidates/Committees d Other Political Committees	4000.00	60750.00	
	lependent Expenditures			
(us Co	se Schedule E)ordinated Party Expenditures	0.00	0.00	
(2 (us	U.S.C. §441a(d)) se Schedule F)	0.00	0.00	
Loa	an Repayments Made	0.00	0.00	
	ans Made	0.00	0.00	
не (a)	funds of Contributions To: Individuals/Persons Other Than Political Committees	0.00	10.00	
	man Folitical Committees	0.00	7 7	
(b)	•	0.00	0.00	
(c)	Other Political Committees (such as PACs)	0.00	0.00	
(d)	Total Contribution Refunds			
(4)	(add Lines 28(a), (b), and (c))▶	0.00	10.00	
Oth	ner Disbursements	0.00	0.00	
Fe	deral Election Activity (2 U.S.C. §431(20))			
	Allocated Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share	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	0.00	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
	al Disbursements (add Lines 21(c), 22,			
23,	, 24, 25, 26, 27, 28(d), 29 and 30(c))	4000.00	60820.00	
	al Federal Disbursements			
(su	btract Line 21(a)(ii) and Line 30(a)(ii)	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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11314.59	51256.43
4. Total Contribution Refunds (from Line 28(d))	0.00	10.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11314.59	51246.43
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	60.00
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	60.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) American Nurses Association PA	.C	
E & H Resources Inc Receipt For: Primary General Other (specify) ▼	State Zip Code AZ 85048-9514 C Occupation Consultant Aggregate Year-to-Date ▼	Date of Receipt 04 16 2015 Transaction ID: A15D96BF365C646FCA9D Amount of Each Receipt this Period 250.00
MACHINICTON STATE MUDGES A	State Zip Code WA 98030-5083 C Occupation Staff Nurse Aggregate Year-to-Date ▼ 333.36	Date of Receipt 04 13 2015 Transaction ID: ACDBD2CD92B7446799ED Amount of Each Receipt this Period 83.34
' '	State Zip Code VT 05903-0036 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt 04 03 2015 Transaction ID: A0F99E384EA6344EC8A8 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number or	·	633.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) X 11a 11b 11c

7 OF

for each category of the 12 Detailed Summary Page 13 14 15 16 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) Ms. Gayle M. Peterson Date of Receipt Mailing Address 20 Sargent St 04 2015 02 City Zip Code State Transaction ID: ACE41CB481095499CA5B Melrose MA 02176-1932 Amount of Each Receipt this Period FEC ID number of contributing C 208.34 federal political committee. Name of Employer Occupation Staff Nurse MGH Receipt For: Aggregate Year-to-Date ▼ Primary General 833.36 Other (specify) Full Name (Last, First, Middle Initial) B. GERTRUDE Busch Valentine RN Date of Receipt Mailing Address 8777 Big Bend Blvd 14 04 2015 City State Zip Code Transaction ID: AB5F6999AB5D54E10A6F MO Saint Louis 63119-3778 Amount of Each Receipt this Period FEC ID number of contributing 600.00 federal political committee. Name of Employer Occupation **VOLUNTEER @ ST JOHNS** Nurse Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karla Zengerle-Levy Date of Receipt Mailing Address 4428 Sherman Blvd 04 14 2015 City Zip Code State Transaction ID: A5ED02C3235C940C4A24 TX Galveston 77550-8519 Amount of Each Receipt this Period FEC ID number of contributing 240.00 С federal political committee. Name of Employer Occupation **Education Resource Center** Educator Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 1048.34 SUBTOTAL of Receipts This Page (optional)..... 1681.68 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Hoo organizate substituti (FOR LINE NUMBER: PAGE 8 OF 9			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	the (official offic)			
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Sta	tements may not be sold or u	sed by any pers	on for the purpose of s	oliciting contributions	
or for commercial purposes, other than using the r	name and address of any polit	ical committee to	solicit contributions fro	m such committee.	
NAME OF COMMITTEE (In Full)					
American Nurses Association PA	vC .				
Full Name (Last, First, Middle Initial)					
A. DAVIS FOR CONGRESS	Date of Disbursemer	nt			
Mailing Address PO Box 2842			04 / 01	2015	
City	State Zip Code		Transaction ID - B	C2770D72274D4C000A0	
Washington	DC 20013-2842		I ransaction ID : B	C2779B72374B4C089A9	
Purpose of Disbursement Political Contribution			Amount of Each Dis	bursement this Period	
Candidate Name		Category/		500.00	
Rep. Danny K. Davis		Type		300.00	
Office Sought: House Disbur	sement For: 2015 Primary General				
President	Other (specify) ▼				
State: IL District: 07					
Full Name (Last, First, Middle Initial)					
B. FRIENDS OF JOHN CONYERS	RIENDS OF JOHN CONYERS			nt	
Mailing Address - F. Danasart Da	Moiling Address 5D (CD			2015	
Mailing Address 5 Rosecraft Dr			04 29	2015	
City	State Zip Code		Transaction ID : B	7495E63910B04EE5930	
Fredericksburg Purpose of Disbursement	VA 22407-2345				
Political Contribution			Amount of Each Dis	bursement this Period	
Candidate Name		Category/			
Rep. John Conyers Jr.		Type	, , , , , , , , , , , , , , , , , , , ,	1000.00	
Office Sought: House Disbur	sement For: 2016				
Senate	Primary General				
State: MI District: 13	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. Langevin For Congress			Date of Disbursemer	nt	
			M = M / D = D	/ Y = Y = Y	
Mailing Address 181 A Knight St			04 01	2015	
City	State Zip Code				
Warwick	RI 02886-1296		Transaction ID : B	DDA67F5CC56848E9980	
Purpose of Disbursement Political Contribution					
Candidate Name				bursement this Period	
Rep. Jim R. Langevin		Category/		500.00	
	sement For: 2016	Type	,	,	
Senate	Primary Seneral				
President	Other (specify) ▼				
State: RI District: 02					
				2000.00	
SUBTOTAL of Disbursements This Page (optional	l)	······		2000.00	
TOTAL This Period (last page this line number or	nlv)				
I I I I I I I I I I I I I I I I I I I	"y/				

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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Nurses Association PAC	o and dudiness of any pointer		
Full Name (Last, First, Middle Initial) A. PELOSI FOR CONGRESS	Date of Disbursement		
Mailing Address 235 Montgomery St Ste 610			04 08 2015
San Francisco	State Zip Code CA 94104-2915		Transaction ID : B7848514A5F0A48AEB7
Purpose of Disbursement Political Contribution Candidate Name			Amount of Each Disbursement this Period
Rep. Nancy Pelosi Office Sought: House Disbursem	nent For: 2016 Primary	Category/ Type	1000.00
President State: CA District: 12	Other (specify) ▼		
B. WYDEN FOR OREGON Mailing Address PO BOX 3271			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			04 00 2010
Portland Purpose of Disbursement	State Zip Code OR 97208-3271		Transaction ID: B53D32AD0855B466899A
JFC Political Contribution Candidate Name		Category/	Amount of Each Disbursement this Period
Senate	nent For: 2015 Primary General Other (specify) Other2015	Type	, , , , , , , , , , , , , , , , , , , ,
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			M - M / D - D / T - T - T - T
City	State Zip Code		
Purpose of Disbursement	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			2000.00
TOTAL This Period (last page this line number only)		<u> </u>	4000.00