FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

American Nurses Association Independent Expenditure Political Action Committee (ANA IE PAC)

ADDRESS (number and street) ▼

8515 Georgia Ave.

Suite 400

Check if different than previously reported. (ACC)

Silver Spring | MD | 20910 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00559229

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT [x] NEW (N) **OR** [ ] AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [ ] July 15 Quarterly Report (Q2)
- [x] October 15 Quarterly Report (Q3)
- [ ] January 31 Year-End Report (YE)
- [ ] July 31 Mid-Year Report (Non-election Year Only) (MY)
- [ ] Termination Report (TER)

(b) Monthly Report Due On:

- [ ] Feb 20 (M2)
- [ ] Mar 20 (M3)
- [ ] Apr 20 (M4)
- [ ] May 20 (M5)
- [ ] Jun 20 (M6)
- [ ] Jul 20 (M7)
- [ ] Aug 20 (M8)
- [ ] Sep 20 (M9)
- [ ] Oct 20 (M10)
- [ ] Nov 20 (M11) (Non-Election Year Only)
- [ ] Dec 20 (M12) (Non-Election Year Only)
- [ ] Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Ballard, Karen, , ,

Signature of Treasurer: *Ballard, Karen, , ,* ***[Electronically Filed]*** Date: 10 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

American Nurses Association Independent Expenditure Political Action Committee (ANA IE PAC)

Report Covering the Period: From: 07 / 01 / 2016 To: 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		99599.62
(b) Cash on Hand at Beginning of Reporting Period	99538.58	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	99538.58	99599.62
7. Total Disbursements (from Line 31)	33.99	95.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	99504.59	99504.59
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)	12000.00	

☐ 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 Independent Expenditure Political Action Committee (ANA IE PAC)

Report Covering the Period: From: 07/01/2016 To: 09/30/2016

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)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	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 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	0.00	0.00
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)) ▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

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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	33.99	95.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	33.99	95.03
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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))	33.99	95.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	33.99	95.03

DETAILED SUMMARY PAGE
of Disbursements

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	33.99	95.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	33.99	95.03

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
American Nurses Association Independent Expenditure Political Action Committee (ANA IE PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Nurses Association

Mailing Address 8515 Georgia Ave
Suite 400

City: Silver Spring | State: MD | Zip Code: 20910

Nature of Debt (Purpose): Strategic Consulting Services

Transaction ID : SD10.4139

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	7000.00	0.00	7000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Nurses Association

Mailing Address 8515 Georgia Ave
Suite 400

City: Silver Spring | State: MD | Zip Code: 20910

Nature of Debt (Purpose): Strategic Consulting Services

Transaction ID : SD10.4140

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2500.00	0.00	2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Nurses Association

Mailing Address 8515 Georgia Ave
Suite 400

City: Silver Spring | State: MD | Zip Code: 20910

Nature of Debt (Purpose): Strategic Consulting Services

Transaction ID : SD10.4141

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	2500.00	0.00	2500.00

1) **SUBTOTALS** This Period This Page (optional) ▶	12000.00
2) **TOTALS** This Period (last page this line number only) ▶	12000.00
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	0.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	12000.00