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Image# 15951181720

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Authorized	Committee	Office Use Only
NAME OF COMMITTEE (in full)		mple: If typing, type r the lines.	12FE4M5
American Nurses Asso	ociation PAC		
ADDRESS (number and street)	8515 Georgia Avenue		
Check if different	Suite 400		
than previously reported. (ACC)	Silver Spring		MD 20910 - L
2. FEC IDENTIFICATION N	JMBER ▼ CITY ▲	8	STATE ▲ ZIP CODE ▲
C C00017525	3. IS THIS REPORT	X NEW OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	May 20 (M5)	Aug 20 (M8) Nov 20 (M11 (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only)
April 15	★ Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (0	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (0	23)	M = M / D = D /	Y Y Y Y in the
Year-End Report ((E) Election on		State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	in the State of
5. Covering Period 03		through 03	31 2015
I certify that I have examined the	nis Report and to the best of my kno	wledge and belief it is true	ue, correct and complete.
Type or Print Name of Treasure	er Sylvia Weber		
Signature of Treasurer Sylvi	a Weber	[Electronically Filed]	Date 04 17 2015
NOTE: Submission of false, erron	eous, or incomplete information may su	bject the person signing th	nis Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
FEC Form 3X (Rev. 02/2003)

e or Type Committee Name

	American Nurses Association PAC		
R	eport Covering the Period: From: 03	01 2015 To	o: 03 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	59749.08	
	(c) Total Receipts (from Line 19)	23439.11	46166.84
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83188.19	126198.19
7.	Total Disbursements (from Line 31)	13750.00	56760.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69438.19	69438.19
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

۸:	N I	۸ : - <u>+</u> :	$D \wedge C$
American	nurses	Association	PAC

Report Covering the Period: From: 03	01 2015	To: 03 31 2015
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
	1391.68	5078.36
(i) Itemized (use Schedule A)		
(ii) Unitemized	15797.43	34838.48
(iii) TOTAL (add	1010110	
Lines 11(a)(i) and (ii)	17189.11	39916.84
(b) Political Party Committees	500.00	500.00
(c) Other Political Committees		
(such as PACs)	5750.00	5750.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	23439.11	46166.84
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	200
. All Loans Received	0.00	0.00
_	 	
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	·	
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
S. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(0.00
(b) Lovin Funda (from Cohodula UE)	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
(5) Total Hallotolo (add To(a) and To(b)).	3.00	0.00
Total Receipts (add Lines 11(d),	20,100	40400.0
12, 13, 14, 15, 16, 17, and 18(c))▶	23439.11	46166.84
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)	23439.11	46166.84
(Subtract Line 10(0) Horri Line 10)	20100.11	40100.0-

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
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati ical-to-bate
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures	5.00	5.50
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	42750.00	50750.00
and Other Political Committees	13750.00	56750.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(**************************************		
Loan Repayments Made	0.00	0.00
Ī		
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	10.00
Than Political Committees	0.00	10.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7	
(such as PACs)	0.00	0.00
_		
(d) Total Contribution Refunds	0.00	10.00
(add Lines 28(a), (b), and (c))▶	7	10.00
Other Disbursements	0.00	0.00
Other Biobardeniente	0.00	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(ii) Levin Share(b) Federal Election Activity Paid Entirely	3.00	
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
Total Disbursements (add Lines 21(c), 22,	100000000000000000000000000000000000000	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13750.00	56760.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	13750.00	56760.00

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)	23439.11	46166.84
4. Total Contribution Refunds (from Line 28(d))	0.00	10.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23439.11	46156.84
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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13

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) Dr. Bonnie L. Faherty Date of Receipt Mailing Address 18175 Andrea Cir N. Unit 4 2015 31 City Zip Code State Transaction ID: ABCD7DA55F5C947698B7 CA Northridge 91325-1158 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Professor Emerita Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Judith A Huntington Date of Receipt Mailing Address 12816 SE 243rd St 03 18 2015 City State Zip Code Transaction ID: A60CA3AE4BCB94FAF945 WA 98030-5083 Kent Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation WASHINGTON STATE NURSES A Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 250.02 Other (specify) Full Name (Last, First, Middle Initial) c. Faith M. Jones Date of Receipt Mailing Address 476 N Douglas St 03 09 2015 City Zip Code State Transaction ID: A6F1F9B891520424CAD4 WY Powell 82435-1812 Amount of Each Receipt this Period FEC ID number of contributing 600.00 С federal political committee. Name of Employer Occupation Consultant RN Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 933.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOR LINE NUMBER:	PAGE	7 OF	13				
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X 11a 11b	11c	12					
	13 14	15	16	\neg_1				

or for commercial purposes, other than us	sing the name and address of any political committee		
NAME OF COMMITTEE (In Full)	ion DAC		
American Nurses Associat	IUII FAC		
Full Name (Last, First, Middle Initial) A. Ms. Gayle M. Peterson			
Mailing Address 20 Sargent St	Mailing Address 20 Sargent St		
City	State Zip Code	03	
Melrose	MA 02176-1932	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	208.34	
Name of Employer	Occupation	-	
MGH	Staff Nurse		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General			
Other (specify) ▼	625.02		
Full Name (Last, First, Middle Initial) 3. Dr. Thomas E. Stenvig			
Mailing Address PO Box 3		03 24 _ 2015 _	
City	State Zip Code	Transaction ID : ABF065FBA81564B69913	
Nunda	SD 57050-0003	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	\dashv	
South Dakota St Univ	RN		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General			
Other (specify) ▼	250.00		
Full Name (Last, First, Middle Initial)	<u>'</u>	Date of Receipt	
Mailing Address	Mailing Address		
City	City State Zip Code		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	Aggregate real to-bate ¥		
Other (specify) ▼			
SUBTOTAL of Receipts This Page (optic	onal)	458.34	
		1391.68	
TOTAL This Period (last page this line n	umber only)	1531.00	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Image# 15951181727		
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 13 (check only one) 11a X 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Staten or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Nurses Association PAC	ne and address of any political committee	
Columbus FEC ID number of contributing federal political committee. Name of Employer Oct	State Zip Code OH 43215 C c00016899 ccupation gregate Year-to-Date ▼ 500.00	Date of Receipt 03 25 2015 Transaction ID : A7F786CC540CD4444B24 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial)		Date of Receipt

A.	Ohio Democratic Party		Date of Receipt
	Mailing Address 340 E Fulton St		03 25 2015
	City	State Zip Code	Transaction ID : A7F786CC540CD4444B24
	Columbus	OH 43215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C c00016899	500.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
— С.	Full Name (Last, First, Middle Initial)		Date of Receipt
٥.	Mailing Address		M M / D D / Y Y Y Y Y
	City	State Zip Code	Amount of Each Pagaint this Paying
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
s	SUBTOTAL of Receipts This Page (optional)) >	500.00
	OTAL This Period (last page this line numb	per only)	500.00

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER DAGE 2 OF 42
,		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 13 (check only one)
TEMIZED RECEIPTS		for each category of the	
		Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Nurses Association P	PAC		
Full Name (Last, First, Middle Initial) A. Blumenauer For Congress			Date of Receipt
Mailing Address 830 NE Holladay			M = M / D = D / Y = Y = Y
Ste 105	01-1-	7'- 0-4-	03 25 2015
City Portland	State OR	Zip Code 97232	Transaction ID : AFA10FF62DAC44D53B80
	OIX .	31232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C c00	0307314	1250.00
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	199.191		
Other (specify) ▼		1250.00	
Full Name (Last, First, Middle Initial) B. DR. RAUL RUIZ FOR CONGRESS			Date of Receipt
Mailing Address PO BOX 6116			M = M / D = D / Y = Y = Y
	03 25 2015		
City	State	Zip Code	Transaction ID : A2FDD9FF4F06C4BFA961
La Quinta	CA	92248-6116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0502575	1000.00
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	Aggregate	Teal-IO-Date ▼	
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) C. Friends of Jim Clyburn			Date of Receipt
Mailing Address PO Box			03 25 2015 _
City	State	Zip Code	Transaction ID : A3D9B0C68450F4B9D88F
Columbia	SC	29211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C c00	0255562	1500.00
Name of Employer	Occupation	1	
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General			
Other (specify) ▼		1500.00	
			3750.00
SUBTOTAL of Receipts This Page (optional)		······································	3730.00

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

S 17

SCHEDULE A (FEC Form 3X)			Lies computes asked (a)(a)		FOR LINE NUMBER: PAGE 10 OF 13						
ΙT	EMIZED RECEIPTS	Use separate schedule(s) for each category of the		(check only one)							
•••	LIMIZED REGEN 10		Detailed Summary Page		11a		11b	X 11c	12		
_					13		14	15	16	17	
	ny information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
	American Nurses Association Pa	AC									
Α.	Full Name (Last, First, Middle Initial) Kurt Schrader for Congress				Date of Receipt						
	Mailing Address 307 N Main St Ste 240					03 25 _ 2015 _					
	City	State	Zip Code		-	sact		: A782588		4F0186D	
	Oregon City	OR	97045		Amou	nt of	Each	Receipt th	is Period	t	
	FEC ID number of contributing federal political committee.	C c00	0446906			Ξ	7		1000	0.00	
	Name of Employer	Occupation									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	00 0	1000.00								
	Other (specify)		1000.00								
	Full Name (Last, First, Middle Initial)										
В.	Schakowsky for Congress				Date of Receipt						
	Mailing Address PO Box 5130					03 25 2015					
	City	State	Zip Code					: A4E91C			
	Evanston	IL	60204-5130	_	Amoui	nt of	Each	Receipt th	is Period	d	
	FEC ID number of contributing federal political committee.	C c00	327023		1000.00						
	Name of Employer	Occupation	1								
	Receipt For:	Aggragata	Year-to-Date ▼								
	Primary General	Aggregate	Teal-10-Date ▼	Ш							
	Other (specify) ▼		1000.00	Ц							
_	Full Name (Last, First, Middle Initial)				D-4	of D	noste t				
C.	Mailing Address				Date of Receipt					Y	
	City	State	Zip Code	-		-					
					Amou	nt of	Each	Receipt th	is Period	d	
	FEC ID number of contributing federal political committee.										
	Name of Employer Occupation										
	Receipt For:	Aggregate Year-to-Date ▼									
	Primary General	Tour-to-Date ▼									
	Other (specify) ▼	7									
_											
s	UBTOTAL of Receipts This Page (optional)						,		2000	0.00	

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

5750.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 11 OF 13			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	neck only one)				
	Detailed Summary Page	21b	22 🗙 23	24 25 26			
Γ	1	27	28a 28b	28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
American Nurses Association PA	<u> </u>						
Full Name (Last, First, Middle Initial)							
A. Blumenauer For Congress			Date of Disbursement 03 25 2015				
Mailing Address 830 NE Holladay							
Ste 105 City	State Zip Code						
Portland	OR 97232		Transaction ID:	B7207D2854DE44C309D8			
Purpose of Disbursement							
			Amount of Each D	isbursement this Period			
Candidate Name		Category/		1250.00			
Rep. Earl Blumenauer		Type		1250.00			
Office Sought: House Disburse	ement For: 2016 Primary General Other (specify) ▼						
State: OR District: 03							
Full Name (Last, First, Middle Initial)							
B. BONAMICI FOR CONGRESS			Date of Disbursem	ent			
Mailing Address PO BOX 1632			03 25	2015			
City Beaverton	State Zip Code OR 97075-1632		Transaction ID :	BCD30F6E874A2496DAD			
Purpose of Disbursement			Amount of Each D	isbursement this Period			
Candidate Name Rep. Suzanne M. Bonamici		Category/ Type		2500.00			
	ement For: 2016	71	,	,			
Senate President	Primary General Other (specify) ▼						
State: OR District: 01							
Full Name (Last, First, Middle Initial) DR. RAUL RUIZ FOR CONGRESS		Date of Disbursem	ent				
Mailing Address PO BOX 6116			03 25 2015				
City	State Zip Code		Transaction ID :	D000440240CA047E4D40			
La Quinta	CA 92248-6116		Hansaction ID :	B000448210CA847F1B48			
Purpose of Disbursement							
Candidate Name			Amount of Each D	isbursement this Period			
Rep. Raul Ruiz		Category/ Type		1000.00			
Office Sought: House Disburse Senate	ement For: 2016 Primary General	Туре	7				
State: CA District: 36	Other (specify) ▼						
States On Biothon 30							
SUBTOTAL of Disbursements This Page (optional)		·····		4750.00			
TOTAL This Period (last page this line number only	/)						

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S	CHEDULE B (FEC Form 3X)		, .	FOR LINE N	NUMBER:		PAG	E 12	OF 13
IT	EMIZED DISBURSEMENTS	Use separate schedule for each category of the		(check only	check only one)				
		Detailed Summary Pag		21b	22	X 23	24	25	26
_				27	28a	28b	28c	29	30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full)								
$ \rangle$	American Nurses Association PAC								
_	Full Name (Last, First, Middle Initial)								
Α.	Friends of Jim Clyburn			Date of Disbursement					
	Mailing Address PO Box	State Zip Code			03 25 2015 Transaction ID : BC862965E9764457DA54				
	City								
	Columbia	SC 29211			irans	action ib	: DC00290	3E9/04	437 DA34
	Purpose of Disbursement		I		Amoun	t of Each	Disburseme	ent this	Period
	Candidate Name		7 -	Category/				450	2.00
	Rep. James E. Clyburn			Type		- 7		1500	J.00
	Senate	nent For: 2016 Primary ☐ Genera Other (specify) ▼	ıl						
	State: SC District: 06								
_	Full Name (Last, First, Middle Initial)								
В.	Kurt Schrader for Congress				Date of	f Disburse		ΥΥΥ	Υ
	Mailing Address 307 N Main St Ste 240				03	2	25	2015	
		State Zip Code OR 97045			Trans	saction ID	: B63980A	75D8A9	474498B
	Purpose of Disbursement		Т		Amoun	t of Each	Disburseme	ent this	Period
	Candidate Name			Category/					
	Rep. Kurt Schrader			Type				100	0.00
	Senate President	nent For: 2016 Primary Genera Other (specify)	ıl						
_	State: OR District: 05 Full Name (Last, First, Middle Initial)								
C.	New Democratic Coalition PAC					f Disburse			V
	Mailing Address 233 Pennsylvania Ave, SE 2ND Floor			03 02 2015					
	City	State Zip Code			Trans	saction ID	: B5FC4AI)95F11E	34C5E9F4
	Washington Purpose of Disbursement	DC 20003-1121							
	. E. pass S. Biodifornion			Amoun	t of Eoob	Disburseme	ant thin	Dariad	
	Candidate Name		7'	Category/ Type	Amoun	l or Each	Disburseine	5000	
	Senate	nent For: 2015 Primary Genera	ıl						
	State: President State:	Other (specify) Other 20:	15						
г	otate. District.	Other20	ıΰ						
s	SUBTOTAL of Disbursements This Page (optional)			·····•				7500	0.00
Т	OTAL This Period (last page this line number only)			·····	L				

SCHEDULE B (FEC Form 3X)	Harris A.	, FOR LINE		3 OF 13				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	ly one)					
	Detailed Summary Page	21b	22 X 23 24 25 28a 28b 28c 29					
<u> </u>		27						
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)	ne and address of any poin	iloar committee to	CONOR CONTINUE TO THE CONTINUE	Tittoo.				
American Nurses Association PAC	.							
American Nuises Association PAC	,							
Full Name (Last, First, Middle Initial)								
A. Ohio Democratic Party			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 340 E Fulton St			03 25 2015					
City	State Zip Code							
Columbus	OH 43215		Transaction ID : B68A3241B8B	C24B7B927				
Purpose of Disbursement								
			Amount of Each Disbursement th	is Period				
Candidate Name		Category/		500.00				
		Type		500.00				
	ment For: 2016							
Senate	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. Schakowsky for Congress			Date of Disbursement					
2. Schakowsky for Congress			M M / D D / Y Y	V				
Mailing Address PO Box 5130			03 25 _ 2015					
City	State Zip Code		Transaction ID : BDDF09882EA	CD432585				
Evanston	IL 60204-5130							
Purpose of Disbursement			Amount of Each Disbursement th	is Parind				
Candidate Name		ا لــــــا ا	Amount of Each Biobardoment an	io i criod				
Rep. Jan D. Schakowsky		Category/ Type	10	000.00				
	ment For: 2016	71	,					
Senate	Primary General							
President	Other (specify) ▼							
State: IL District: 09								
Full Name (Last, First, Middle Initial)								
C.			Date of Disbursement					
Moiling Address			M M / D D / Y Y	Y Y				
Mailing Address								
City	State Zip Code							
•	·							
Purpose of Disbursement								
			Amount of Each Disbursement th	is Period				
Candidate Name		Category/						
Office Sought: House Disburse	ment For:	Туре	7					
Senate Disburse	Primary General							
President	Other (specify)							
State: District:	(-p o o o o o o o o o o o o o o o o o o o							
SUBTOTAL of Disbursements This Page (optional)			15	500.00				
TOTAL This Period (last page this line number only)		137	750.00				