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FEC FORM 3X

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REPORT OF RECEIPTS

For Other Than An Authorized Committee

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Rev. 12/2004

Office Use Only

NAME OF COMMITTEE (in full)		TYPE OR	TYPE OR PHINT V		Example: If typing, type over the lines.			12FE4M5			
Compassion and chocies action Network PACI											
ADDRESS (num	nber and street)	141116	141165 E. Jewell Ave Site 200								
than p	if different previously ed. (ACC)	Den	Denver CO 8,0,2,2,2 -								
2. FEC IDEN	ITIFICATION	NUMBER 1	-	CITY 🛦			STATE A		ZIP COD	DE 🛦	
COO	5595	5.9		3. IS THIS REPORT	Ø	NEW (N) OR	Ö	AMENDED (A)		• ;	
4. TYPE OF	REPORT		port 📙	Feb 20 (M2)		May 20 (M5) []	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)	
(a) Quarte	orly Reports:	Du	ie On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)	
	pril 15 Juarterly Report	(Q1) (c)	12-Day	Apr 20 (M4)	Primary (1	Jul 20 (M7) 2P)	<u> </u>	Oct 20 (M10) eral (12G)	<u> </u>	Jan 31 (YE) Runoff (12R)	
L	uly 15 Juanterly Report	(Q2)	PRE-Election Report for the		Convention	n (12C)	Spec	, cial (12S)	5 - 76 - 4 ₂		
	ctober 15 Juarterly Report Anuary 31	(Q3)			<u> </u>	· 8 * 8 /		**	in the		
i ju	ear-End Report uly 31 Mid-Yea	. (d)	30-Day	Election on	لسميا	<u> </u>	L		State of		
	eport (Non-elece ear Only) (MY)	tion) '	POST-Elect		General (3	10G)	Run	off (30R)		Special (30S)	
	ermination Rep	ort		Election on	M·M	/ D T D /	Y * Y * Y		in the State of		
5. Covering P	eriod D	M B	7 20	1,2,	through	03	31	20	5		
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 Marcia Q. Campbell											
Signature of Treasurer Mersin a Campbell Date DH DH 2015											
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							-	FEC	FORM	M 3X	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Compassion and Choices Action Network PAC Report Covering the Period: From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 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

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Other (Specify): DATE PREPARED (3/2015)