

# 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.   
American Nurses Association PAC

ADDRESS (number and street)   
Suite 400  
 Check if different than previously reported. (ACC)  MD

2. **FEC IDENTIFICATION NUMBER** ▼  CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 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)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Sylvia Weber

Signature of Treasurer

*Sylvia Weber*

*[Electronically Filed]*

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2014"/>		78783.95
(b) Cash on Hand at Beginning of Reporting Period.....	79851.42	
(c) Total Receipts (from Line 19) .....	11179.93	272551.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	91031.35	351335.83
7. Total Disbursements (from Line 31).....	11000.00	271304.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	80031.35	80031.35
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 Nurses Association PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	2084.17	62180.70
(ii) Unitemized .....	9095.76	210371.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11179.93	272551.88
(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) .....	11179.93	272551.88
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))..... ▶	11179.93	272551.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11179.93	272551.88

**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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	268100.00
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	290.32
(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	290.32
29. Other Disbursements .....	2500.00	2914.16
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)) ..	11000.00	271304.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	271304.48

**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) .....	11179.93	272551.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	290.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11179.93	272261.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
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	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Florence Elizabeth Speer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10630 Carrollwood  
City Saint Louis State MO Zip Code 63128-1317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St Louis Children's Occupation RN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.60

Date of Receipt 11 / 30 / 2014  
**Transaction ID : ACF2AF22429354BFE898**  
Amount of Each Receipt this Period 29.16

**B. Jamie Proctor**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3820 Forrestdell Ct  
City Cumming State GA Zip Code 30040-8305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 385.00

Date of Receipt 12 / 01 / 2014  
**Transaction ID : AC30555F7D0864823A55**  
Amount of Each Receipt this Period 325.00

**c. Irmatrude Grant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 280 E 45th St  
City Brooklyn State NY Zip Code 11203-2113  
FEC ID number of contributing federal political committee. **C**  
Name of Employer East New York Occupation Coordinator Pediatric  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 03 / 2014  
**Transaction ID : A4413D594BA254779B89**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 604.16  
**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 14
	<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	

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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 ▼ 1250.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : A9502D6858FDB4477BCD**

Amount of Each Receipt this Period  
 208.34

**B. Susan Y. Swart**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 S Main St

City Manteno State IL Zip Code 60950-1529

FEC ID number of contributing federal political committee. **C**

Name of Employer Illinois Nurses Assn Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : AF7DBAFFBCD7840D8AD**

Amount of Each Receipt this Period  
 125.00

**C. Irene J. Eaton**  
Full Name (Last, First, Middle Initial)

Mailing Address 73 Fletcher St

City Kennebunk State ME Zip Code 04043-6709

FEC ID number of contributing federal political committee. **C**

Name of Employer President Occupation ANA Maine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2014

**Transaction ID : AF2F065156DB642C6937**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	483.34
<b>TOTAL</b> 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 8 OF 14
	<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	

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

**A. Mary Hatton**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 Forest Rd

City Lilesville State NC Zip Code 28091-7034

FEC ID number of contributing federal political committee. **C**

Name of Employer ANSON COMM HOSPITAL Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **287.51**

Date of Receipt  
12 / 11 / 2014  
**Transaction ID : A663C0B653D1048C0AAE**

Amount of Each Receipt this Period  
**20.83**

**B. Dr. Shirley M. Morrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 1634 Aspen Grove Dr

City Houston State TX Zip Code 77077-4004

FEC ID number of contributing federal political committee. **C**

Name of Employer Md Anderson Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.69**

Date of Receipt  
12 / 11 / 2014  
**Transaction ID : A9C275E884ECA466F8B5**

Amount of Each Receipt this Period  
**83.34**

**C. Sylvia Weber**  
Full Name (Last, First, Middle Initial)

Mailing Address 84 Shaw Ave.

City Cranston State RI Zip Code 02905-3823

FEC ID number of contributing federal political committee. **C**

Name of Employer The Miriam Hosp Occupation Clinical Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.00**

Date of Receipt  
12 / 11 / 2014  
**Transaction ID : ACD2F11E342CC4B9491C**

Amount of Each Receipt this Period  
**80.00**

**SUBTOTAL** of Receipts This Page (optional)..... **184.17**

**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: PAGE 9 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Barbara J. Burgel**

Mailing Address Of Comm Health Systems  
Dept 608

City San Francisco State CA Zip Code 94143-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer UCSF School of Nursing Occupation Clinical Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : A1488826D61CF4900929**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Diana J Mason**

Mailing Address 455 W. 44th St Apt 22

City New York State NY Zip Code 10036-4435

FEC ID number of contributing federal political committee. **C**

Name of Employer American Journal of Nursing Occupation Rudin Professor of Nursing; Co-directo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
12 / 12 / 2014  
**Transaction ID : AC411C282CE704E1CB44**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Ms. Judith A Huntington**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.38

Date of Receipt  
12 / 14 / 2014  
**Transaction ID : A851929170A4F435AB26**

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 283.34

**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: PAGE 10 OF 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Mary L. Behrens**

Mailing Address 5504 E 22nd St

City Casper State WY Zip Code 82609-4618

FEC ID number of contributing federal political committee. **C**

Name of Employer Westside Woman's Clinic Occupation Family Nurse Practitioner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2014

**Transaction ID : A2DA00493D95F4B4A8F9**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Cynthia Reno Balkstra**

Mailing Address 31 Highview Ln

City Dahlonega State GA Zip Code 30533-3533

FEC ID number of contributing federal political committee. **C**

Name of Employer Candler Hospital Occupation CASE MANAGER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2014

**Transaction ID : A9A4C6CEEC52F41A1A7B**

Amount of Each Receipt this Period  
**50.00**

Credit Card Processing; Ornaments 2014 x2

Full Name (Last, First, Middle Initial)  
**C. Dr. Suzanne L. Feetham**

Mailing Address 7701 Glennon Dr

City Bethesda State MD Zip Code 20817-2034

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Resources & Services Admin. Occupation Professor Senior Fellow

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2014

**Transaction ID : A1CC913BE8D2842AEADC**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

**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: PAGE 11 OF 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Susan Bonner Patton**

Mailing Address 901 Holiday Dr

City Forrest City State AR Zip Code 72335-9183

FEC ID number of contributing federal political committee. **C**

Name of Employer East Ar Childrens Clinic Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 27 / 2014**

Transaction ID : **AB325927D2C914C85954**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Florence Elizabeth Speer**

Mailing Address 10630 Carrollwood

City Saint Louis State MO Zip Code 63128-1317

FEC ID number of contributing federal political committee. **C**

Name of Employer St Louis Children's Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.76**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 30 / 2014**

Transaction ID : **A9FA9573AFCFF43FDBDC**

Amount of Each Receipt this Period  
**29.16**

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>129.16</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2084.17</b>

**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. David Cicilline for Congress**

Mailing Address 102 Waterman St Ste 2

City Providence State RI Zip Code 02906-1170

Purpose of Disbursement

Candidate Name  
**Rep. David N. Cicilline**

Office Sought:  House  
 Senate  
 President  
State: RI District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2014

Transaction ID : **BA0C7B1BEE7EB42FCB3F**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition PAC**

Mailing Address 315 C St SE

City Washington State DC Zip Code 20003-2080

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2014

Transaction ID : **B96EE62E609E7416ABEF**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Tuesday Group**

Mailing Address PO Box 40385

City Washington State DC Zip Code 20016

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2014

Transaction ID : **B5538A4801ABD4CA0ADC**

Amount of Each Disbursement this Period

2500.00
---------

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

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

5500.00
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**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. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 70980

City Washington State DC Zip Code 20024-0980

Purpose of Disbursement

Candidate Name  
**Rep. Scott H. Peters**

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2014

**Transaction ID : BB35D1215EE78414AA1F**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.**

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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 / 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)..... ▶

3000.00

8500.00

# 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 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 checked="" 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. Conyers 13th District Legal Expense Trust

Mailing Address 228 2nd Street, SE

City Washington State DC Zip Code 20003-1943

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2014

Transaction ID : BCB223870F1884B8693C

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2500.00
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2500.00
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