

**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)..... ▶

5500.00

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

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