

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 10

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dorman-O'Donnell, Margie, L., MS,

Mailing Address 6729 Rolling Hills Dr

City

North Richland Hills

State

TX

Zip Code

76182-4358

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cook Children's Medical Center

Occupation (for Individual)

RN

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2020

Transaction ID : A6CB2156C320B4D0EABC

Amount of Each Receipt this Period

83.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grant, Ernest, J., Dr.,

Mailing Address 215 Booth Rd

City

Chapel Hill

State

NC

Zip Code

27516-9647

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNC

Occupation (for Individual)

Nursing Education Clinician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2020

Transaction ID : A0073913620EC4ADA898

Amount of Each Receipt this Period

291.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, Faith, M.,

Mailing Address 476 N Douglas St

City

Powell

State

WY

Zip Code

82435-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hts3

Occupation (for Individual)

RN

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2020

Transaction ID : A7BCF4C35B62E4CDBBFE

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

875.17

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