

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 19

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

**A. Albright, Yvonne, M., ,**

Mailing Address 944 Hale St

City  
PottstownState  
PAZip Code  
19464-4034FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Covance Periapproval IncOccupation (for Individual)  
Project Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2019

**Transaction ID : AA939C396540849CB8F6**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Becker, Angela, M., ,**

Mailing Address 9616 Brunswick Dr

City  
BrentwoodState  
TNZip Code  
37027-8467FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Behavior Analysis ClinicOccupation (for Individual)  
Retired RN-NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2019

**Transaction ID : AD6C7D3BBFA9844548E2**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Behrens, Mary, L., ,**

Mailing Address 5504 E 22nd St

City  
CasperState  
WYZip Code  
82609-4618FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
FNP-RC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2019

**Transaction ID : AC6E5E8B71472443F84F**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

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