

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

American Nurses Association PAC

ADDRESS (number and street) 8515 Georgia Avenue  
Suite 400  
 Check if different than previously reported. (ACC) Silver Spring MD 20910

2. **FEC IDENTIFICATION NUMBER** C00017525  
**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 Quarterly 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 11 02 2010 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 10 01 2010 through 10 13 2010

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 Donna M. Policastro

Signature of Treasurer Electronically Filed by Donna M. Policastro Date 10 21 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		52484.84
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	58190.84									
(c) Total Receipts (from Line 19) .....	6666.56	324926.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	64857.40	377411.75								
7. Total Disbursements (from Line 31) .....	20794.37	333348.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	44063.03	44063.03								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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) .....	1720.20	64188.54
(ii) Unitemized .....	4946.36	260699.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6666.56	324888.13
(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) .....	6666.56	324888.13
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	38.78
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 Transfer (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)) .....	6666.56	324926.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6666.56	324926.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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	146.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	146.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6036.30	326786.30
24. Independent Expenditure (use Schedule E) .....	14758.07	6066.43
25. Coordinated Expenditures Made by Party Committees (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	349.00
(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	349.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	20794.37	333348.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20794.37	333348.72

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	6666.56	324888.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	349.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6666.56	324539.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	146.99
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	146.99

# 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 6 / 12
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) VIRGINIA S. WANGERIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0		
	Mailing Address 13380 Cedarwood Ave		<b>Transaction ID:</b> AC5E4191B12D4407F864		
	City Clive	State IA	Zip Code 50325-8573	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Des Moines Area Community College	Occupation RN	Aggregate Year-to-Date 400.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) KAREN A. BALLARD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 1 0		
	Mailing Address 22 W. 77th St #36		<b>Transaction ID:</b> AFD82726E6CD442079C7		
	City New York	State NY	Zip Code 10024	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New York State Nurses Ass-oc.	Occupation RN	Aggregate Year-to-Date 645.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Juan Quintana		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0		
	Mailing Address 364 Private Rd 8581		<b>Transaction ID:</b> AD0E36AA61E09417D9A8		
	City Winnsboro	State TX	Zip Code 75494-8092	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested	Occupation RN	Aggregate Year-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	580.00
<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 7 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) SARA MCCUMBER		Date of Receipt
	Mailing Address 2004 Lackawanna Ave		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Superior	WI	54880-2133
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Duluth Clinic		Occupation NP	Transaction ID: A402C64E5722941B9972
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) MARILYN A. SULLIVAN		Date of Receipt
	Mailing Address 123 Cardiff Ct		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Slidell	LA	70461-4101
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Registered Nurse	Transaction ID: A4E46B50EED934D9A84A
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="402.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="25.20"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. KELLEEN FAKENBRIDGE		Date of Receipt
	Mailing Address 2397 E. Garber Dr		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Meridian	ID	83646
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NORTHVIEW MEDICAL CLINIC		Occupation NP	Transaction ID: A583129C5D3694E19BF4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="240.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="515.20"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 12
	<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.** Full Name (Last, First, Middle Initial)  
TERESA M. OEHLER

Mailing Address 23103 Hampton Forest Ln

City State Zip Code  
Spring TX 77389-3784

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

Name of Employer St. Lukes Comm. Med. Ctr. - Th Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 10 / 10 / 2010  
**Transaction ID: A5751DCCC19E84FA995E**

Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Buszuwki

Mailing Address 8515 Georgia Ave Suite 400

City State Zip Code  
Silver Spring MD 20910-3492

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

Name of Employer American Nurses Association Occupation Executive Office

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 10 / 2010  
**Transaction ID: AB1D9F018E06744A39E0**

Amount of Each Receipt this Period: 125.00

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

Mailing Address 1654 Cornelia St

City State Zip Code  
Ridgewood NY 11385-4723

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

Name of Employer WYCKOSS MED.CENTER Occupation RN/STAFF NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 12 / 2010  
**Transaction ID: AB5AFF3FFC15C41DD9C0**

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

**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 9 / 12
	(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

**A.**

Full Name (Last, First, Middle Initial)  
Vanessa Worsham

Mailing Address 502 Trotters Ridge Way

City State Zip Code  
Severn MD 21144-1955

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

Name of Employer Occupation  
US Army Nurse Corps RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2010

**Transaction ID:** A2EF82755A3BC4DD6A23

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
TINA GERARDI

Mailing Address 2 Hungerford Rd

City State Zip Code  
Albany NY 12203

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

Name of Employer Occupation  
Ny State Nurses Associati RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2010

**Transaction ID:** A4C0243656A0842B4B5D

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1720.20</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)

PAGE 10 / 12

<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

A.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS	Transaction ID: B73F73DEA55114DB8B1E
	Mailing Address PO Box 1986	Date of Disbursement 10 / 13 / 2010
	City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. David E. Price	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mission PAC	Transaction ID: BA1F1C6640E84457E9CE
	Mailing Address 38 Ivy St SE	Date of Disbursement 10 / 06 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mark Critz for Congress Committee	Transaction ID: BB6E38CB421C543E4BD1
	Mailing Address 551 Main St Ste 120	Date of Disbursement 10 / 06 / 2010
	City Johnstown State PA Zip Code 15901	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name Mark Critz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

PAGE 11 / 12

<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

<b>A.</b> Full Name (Last, First, Middle Initial) American Nurses Association <hr/> Mailing Address 8515 Georgia Ave Ste 400 <hr/> City Silver Spring State MD Zip Code 20910-3492 <hr/> Purpose of Disbursement in-kind reimburse staff time for coordinated campaign activities for G Connolly Candidate Name Gerry Connolly <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB642A27676924397A3E Date of Disbursement 10 / 04 / 2010
	Amount of Each Disbursement this Period 36.30
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Conway for Senate <hr/> Mailing Address PO Box 6168 <hr/> City Louisville State KY Zip Code 40206 <hr/> Purpose of Disbursement Candidate Name Jack Conway <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B53D3FAB727C541DFBFE Date of Disbursement 10 / 11 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Category/ Type

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

3036.30

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

6036.30

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Nurses Association PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00017525
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Membership Marketing Services

Mailing Address  
1280 Perimeter Parkway

City State Zip Code  
Virginia Beach VA 23454-5689

Purpose of Expenditure  
IE letter for Stephen Moore

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:  
Stephen Moore

Calendar Year-To-Date Per Election for Office Sought 7993.28

Date  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Amount  
7993.28

Transaction ID: EA4423EE58D314AA4A7C

Office Sought:  House State: KS  
 Senate District: 03  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Membership Marketing Services

Mailing Address  
1280 Perimeter Parkway

City State Zip Code  
Virginia Beach VA 23454-5689

Purpose of Expenditure  
IE mailing for Harry Reid

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:  
Sen. Harry M. Reid

Calendar Year-To-Date Per Election for Office Sought 6764.79

Date  
M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 1 0

Amount  
6764.79

Transaction ID: E89A5B21AD8C54ECDB9E

Office Sought:  House State: NV  
 Senate District: \_\_\_\_\_  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

(a) SUBTOTAL of Itemized Independent Expenditures .....	14758.07
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	14758.07

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Donna Policastro  
Signature

Date M M / D D / Y Y Y Y  
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