

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. 12FE4M5 American Nurses Association PAC

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 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) X 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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 12 / 01 / 2013 through 12 / 31 / 2013

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 Jan C. Polizzi

Signature of Treasurer Jan C. Polizzi [Electronically Filed] Date 01 / 30 / 2014

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)

Page 2

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="2013"/>	<input type="text" value="43885.93"/>	<input type="text" value="43885.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78391.67"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19642.28"/>	<input type="text" value="267018.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="98033.95"/>	<input type="text" value="310904.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19250.00"/>	<input type="text" value="232120.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="78783.95"/>	<input type="text" value="78783.95"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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)

Page 3

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).....	3755.81	56318.17
(ii) Unitemized .....	15886.47	210699.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19642.28	267018.10
(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) .....	19642.28	267018.10
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))..... ▶	19642.28	267018.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19642.28	267018.10

**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.....	19250.00	224088.00
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	8032.08
(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	8032.08
29. Other Disbursements .....	0.00	0.00
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)) ..	19250.00	232120.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19250.00	232120.08

**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) .....	19642.28	267018.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	8032.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19642.28	258986.02
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: (check only one)	PAGE 6 OF 24
	<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**

**A. Lea ACORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5211 Wagon Trl

City Racine State WI Zip Code 53402-6109

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

Name of Employer Retired Occupation Dean

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2013

**Transaction ID : A47CC802DFF574B59929**

Amount of Each Receipt this Period  
**75.00**

**B. PAULA K. ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 144 W. Ticonderoga Dr Apt H

City Westerville State OH Zip Code 43081

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

Name of Employer Ohio State Univ Occupation RN

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 / 18 / 2013

**Transaction ID : A8D6D8719BE804845BF5**

Amount of Each Receipt this Period  
**100.00**

**C. Ms. Karen A. Ballard**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 W. 77th St #36

City New York State NY Zip Code 10024

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

Name of Employer New York State Nurses Assoc. Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : ABCF743593B264406A0A**

Amount of Each Receipt this Period  
**75.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<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:	PAGE 7 OF 24
	(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

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

**A. Dr. THOMAS Ray COE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6100 E Rancier Ave  
Lot 58

City Killeen State TX Zip Code 76543-8601

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

Name of Employer William US Army Beaumont Medical Ctr Occupation Transition Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 12 / 2013  
**Transaction ID : A86EAB74A908E4C07890**

Amount of Each Receipt this Period  
150.00

**B. Karen Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 101

City Cotuit State MA Zip Code 02635

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

Name of Employer American Nurses Assn Occupation President - American Nurses Associatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  
12 / 09 / 2013  
**Transaction ID : ACD1A2D8063A24069B09**

Amount of Each Receipt this Period  
125.00

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

Mailing Address PO Box 101

City Cotuit State MA Zip Code 02635

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

Name of Employer American Nurses Assn Occupation President - American Nurses Associatio

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1170.00

Date of Receipt  
12 / 12 / 2013  
**Transaction ID : A0F6A12A45D12412DBA4**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<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: PAGE 8 OF 24  
(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. Ms. Nancy M. Daniels**

Mailing Address 3142 Satellite Dr

City San Antonio State TX Zip Code 78217-4025

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

Name of Employer Alamo Mental Health Group Occupation Psychiatric Clinical Specialist

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 / 06 / 2013  
**Transaction ID : AD09C7DD006ED4E4AB74**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Mrs. Jennifer Davis**

Mailing Address 6220 Braymoore Dr

City Galena State OH Zip Code 43021-9077

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

Name of Employer Cleveland Clinic Occupation Staff Nurse

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2013  
**Transaction ID : A3004A851CE4E4966A60**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 11601 Timber Heights

City Austin State TX Zip Code 78754-5931

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

Name of Employer UTMB Occupation RN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2013  
**Transaction ID : AFFC1797E43034F13AC8**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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: (check only one)	PAGE 9 OF 24
<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. MARGUERITE Gagne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Hillside Ave  
City Groveton State NH Zip Code 03582-4180  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Weeks Medical Center Occupation RN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 23 / 2013  
**Transaction ID : A5FBDE849DC284C1DA52**  
Amount of Each Receipt this Period 120.00

**B. Rose Iris Gonzalez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3318 Cullers Ct  
City Woodbridge State VA Zip Code 22192-1085  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ANA Occupation Director Gov't Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2013  
**Transaction ID : A112689065C1A40CCACB**  
Amount of Each Receipt this Period 50.00

**C. Dr. Andrea C. Gregg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3726 Sea Hawk St E  
City Jacksonville State FL Zip Code 32224-5276  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Florida College of Nursi Occupation Associate Professor & Director Jackson  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 06 / 2013  
**Transaction ID : AA1067118ABFE4D0FB24**  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00  
**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: (check only one)	PAGE 10 OF 24
	<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. Linda M. Gural**  
Full Name (Last, First, Middle Initial)

Mailing Address 93 Dickinson Ave

City Toms River State NJ Zip Code 08753-6773

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

Name of Employer COMM MED CTR Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **741.72**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : A929A9F53440243C5951**

Amount of Each Receipt this Period  
**150.00**

**B. Linda M. Gural**  
Full Name (Last, First, Middle Initial)

Mailing Address 93 Dickinson Ave

City Toms River State NJ Zip Code 08753-6773

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

Name of Employer COMM MED CTR Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **795.88**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 08 / 2013

**Transaction ID : A24239D0522DF4253928**

Amount of Each Receipt this Period  
**54.16**

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

Mailing Address 480 David Rd

City Charlottesville State VA Zip Code 22902-8752

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

Name of Employer UNIVERSITY OF VA Occupation Administrator Nursing Business Ops and

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : A88EA2CC712FB4204B7C**

Amount of Each Receipt this Period  
**150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>354.16</b>
<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 11 OF 24
	<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**

Full Name (Last, First, Middle Initial)  
**A. JUDITH HARRIS**

Mailing Address 656 Touchmark Ct

City Edmond State OK Zip Code 73003-2193

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

Name of Employer Ou Health Sciences Center Occupation RN

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  
 12 / 21 / 2013

**Transaction ID : A9F18AD379E2B407485D**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Debbie D. Hatmaker**

Mailing Address American Nurses Association  
8515 Georgia Ave.

City Silver Spring State MD Zip Code 20910-3403

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

Name of Employer American Nurses Assn Occupation Chief Excutive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2013

**Transaction ID : A9220B350F12947A3801**

Amount of Each Receipt this Period  
 90.00

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

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 Consultant Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2013

**Transaction ID : A970CF308397244D7863**

Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<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: PAGE 12 OF 24  
(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. Carolyn Krause**

Mailing Address 4523 N. Oakland Ave  
301

City Milwaukee State WI Zip Code 53211

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

Name of Employer Meriter Hospital Occupation RN ADMINISTRATOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2013

**Transaction ID : A7D0E7AA07F5A4F56888**

Amount of Each Receipt this Period  
2.08

Full Name (Last, First, Middle Initial)  
**B. Ms. Carrie B. Lenburg**

Mailing Address PO Box 219

City Roan Mountain State TN Zip Code 37687-0219

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

Name of Employer Retired Occupation Education Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2013

**Transaction ID : ABF62561A00604CA5981**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 221 N. Front St Apt 506

City Columbus State OH Zip Code 43215

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

Name of Employer Ohio State Univ Occupation Staff Nurse

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2013

**Transaction ID : A4DCACDF6F178475F893**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 227.08

**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 13 OF 24  
(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. ROSE Martin**

Mailing Address 221 N. Front St Apt 506

City Columbus    State OH    Zip Code 43215

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

Name of Employer Ohio State Univ    Occupation Staff Nurse

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2013  
**Transaction ID : A9E27CEBFAE37450FA4E**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. JOAN MCLEAN**

Mailing Address 715 E 2nd St

City Hope    State AR    Zip Code 71801-4604

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

Name of Employer Medical Park    Occupation Family Nurse Practitioner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2013  
**Transaction ID : A9DA1291264DD4FF7835**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8423 Piney Orch

City Blacklick    State OH    Zip Code 43004-8047

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

Name of Employer OHIO NURSES ASSOC    Occupation Ohio Nurses Association

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2013  
**Transaction ID : AC9427E4077484204AF5**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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: (check only one)	PAGE 14 OF 24
	<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	<input type="checkbox"/> 17

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

**A. Dr. JENNIFER S. MENSIK**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 13702

City Mesa State AZ Zip Code 85216

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

Name of Employer Banner Health System Occupation Administrator Nursing and Patient Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.88**

Date of Receipt  
**12 / 29 / 2013**

**Transaction ID : A095C285F08EF491A9BF**

Amount of Each Receipt this Period  
**29.16**

**B. Patricia Messmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Jackson St

City Hollywood State FL Zip Code 33021-7218

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

Name of Employer MIAMI DADE COLLEGE Occupation Nurse Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
**12 / 18 / 2013**

**Transaction ID : AC01A961A2FCD46198DF**

Amount of Each Receipt this Period  
**380.00**

**C. 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 ▼ **583.35**

Date of Receipt  
**12 / 04 / 2013**

**Transaction ID : A2BED8CE435894A72AC0**

Amount of Each Receipt this Period  
**83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **492.49**

**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 15 OF 24
	<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 **399.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2013  
**Transaction ID : A731C3066146C4B1093F**  
 Amount of Each Receipt this Period  
**25.00**

**B. Donna M. Policastro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 293 Whitford Ave  
 City Providence State RI Zip Code 02908-3354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rhode Island Association of Nurses Occupation Executive 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  
 12 / 07 / 2013  
**Transaction ID : A33F0CD261ED244D191E**  
 Amount of Each Receipt this Period  
**50.00**

**C. Jan C. Polizzi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5953 Shortleaf Ct  
 City Saint Louis State MO Zip Code 63128-4306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nurses Of Newborn Occupation Staff Nurse - Home Care  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2013  
**Transaction ID : AFB7988D15B6445739DB**  
 Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>100.00</b>
<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 16 OF 24
	<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. GAIL PRUETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2648 Burton Rd

City Durham	State NC	Zip Code 27704-3811
----------------	-------------	------------------------

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

Name of Employer Duke University	Occupation RN
-------------------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2013

**Transaction ID : A7772810619A446C5928**

Amount of Each Receipt this Period  
10.00

**B. Dr. Laura N Sidlinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 5703 SW 33rd Ct

City Topeka	State KS	Zip Code 66614-4564
----------------	-------------	------------------------

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

Name of Employer Washburn University	Occupation Educator
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2013

**Transaction ID : AB920A75C7ABA4ECE95E**

Amount of Each Receipt this Period  
2.08

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

Mailing Address 8855 SW Bridletrail Ave

City Beaverton	State OR	Zip Code 97008-7294
-------------------	-------------	------------------------

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

Name of Employer OHSU Hospital	Occupation RN
-----------------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2013

**Transaction ID : AF49573882C2E4838B0B**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	162.08
<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 17 OF 24
<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. Mary E. WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 SW 25th Ave

City Mineral Wells State TX Zip Code 76067

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

Name of Employer Texas Christian University Occupation Education Manager Clinical Nurse Educa

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : A8E5585FCDB334B909B1**

Amount of Each Receipt this Period  
 120.00

**B. 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2013

**Transaction ID : AEDB3B8C46D7147DA94E**

Amount of Each Receipt this Period  
 150.00

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

Mailing Address 834 Dekalb Ave Unit B

City Atlanta State GA Zip Code 30307-2592

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

Name of Employer None At Present Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : AFDC9844DE0AF4834AE7**

Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3755.81

**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. ALASKANS FOR BEGICH 2014**

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement

Candidate Name  
**Sen. Mark Begich**

Office Sought:  House  
 Senate  
 President  
State: AK District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : **B17916473C44F420CB42**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Blumenauer For Congress**

Mailing Address 830 NE Holladay  
Ste 105

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name  
**Rep. Earl Blumenauer**

Office Sought:  House  
 Senate  
 President  
State: OR District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : **BCA560A32AB1A409CB95**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. BRALEY FOR IOWA**

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name  
**Bruce L Braley**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : **B928A467D5BC34DD8B02**

Amount of Each Disbursement this Period

2500.00

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

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

4250.00

**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 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. DELBENE FOR CONGRESS**

Mailing Address PO BOX 487

City State Zip Code  
**BOTHELL WA 98041**

Purpose of Disbursement

Candidate Name  
**Rep. Suzan K. DelBene**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : **BF10A38CC93B54E76B9D**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dina Titus for Congress**

Mailing Address PO Box 50614 Ste C

City State Zip Code  
**Henderson NV 89106**

Purpose of Disbursement

Candidate Name  
**Rep. Dina C. Titus**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : **B806D6EC183574114B1D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ENYART FOR CONGRESS**

Mailing Address PO BOX 308

City State Zip Code  
**BELLEVILLE IL 62222**

Purpose of Disbursement

Candidate Name  
**Rep. William L. Enyart Jr.**

Office Sought:  House  
 Senate  
 President  
State: IL District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2013

Transaction ID : **B5886A598D1E74410935**

Amount of Each Disbursement this Period

1000.00

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

2500.00

**TOTAL** 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)

<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. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement

Candidate Name  
**Rep. Cheri L. Bustos**

Office Sought:  House  
 Senate  
 President  
State: IL District: 17

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : B44DE3AAD62424FB78A6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN CONYERS**

Mailing Address 5 Rosecraft Dr

City Fredricksberg State VA Zip Code 22407

Purpose of Disbursement

Candidate Name  
**Rep. John Conyers Jr.**

Office Sought:  House  
 Senate  
 President  
State: MI District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2013

Transaction ID : B9F5BAF7DB974476BACA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SAM FARR**

Mailing Address 555 Capitol Mall Ste 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name  
**Rep. Sam Farr**

Office Sought:  House  
 Senate  
 President  
State: CA District: 20

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : B4BAC6665946941F8A0A

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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 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. Gillibrand for Senate**

Mailing Address PO Bx 15734

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name  
**Sen. Kristen Gillibrand**

Office Sought:  House  Senate  President  
State: NY District: Disbursement For: 2018  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

Transaction ID : **B911E76A003E1417981D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JOHN TIERNEY FOR CONGRESS**

Mailing Address 49 Federal St

City Salem State MA Zip Code 01970

Purpose of Disbursement

Candidate Name  
**Rep. John F. Tierney**

Office Sought:  House  Senate  President  
State: MA District: 06 Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

Transaction ID : **B0C69ED5263B84733B1E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Karen Bass for Congress**

Mailing Address 777 S Figueroa St Ste 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

Candidate Name  
**Rep. Karen Bass**

Office Sought:  House  Senate  President  
State: CA District: 37 Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2013

Transaction ID : **BEB703B5F37914217992**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 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. KAY HAGAN FOR US SENATE**

Mailing Address PO BOX 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement

Candidate Name  
**Sen. Kay R. Hagan**

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : B14EFF26EA104498F927

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. McNerney for Congress**

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95840

Purpose of Disbursement

Candidate Name  
**Rep. Jerry McNerney**

Office Sought:  House  
 Senate  
 President  
State: CA District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : B7C0BE7B63B244B91AFF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Paul Tonko for Congress**

Mailing Address POBox 221

City Albany State NY Zip Code 12206

Purpose of Disbursement

Candidate Name  
**Rep. Paul D. Tonko**

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

Transaction ID : B1D5DFF5F7A2D4BCB942

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 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. Perlmutter For Congress**

Mailing Address 3440 Youngsfield St #264

City State Zip Code  
Wheat Ridge CO 80033

Purpose of Disbursement

Candidate Name

**Rep. Ed G. Perlmutter**

Office Sought:  House  
 Senate  
 President

State: CO District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

**Transaction ID : B2FBB536823F64DD89B6**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. PRICE FOR CONGRESS**

Mailing Address PO Box 1986

City State Zip Code  
Raleigh NC 27602

Purpose of Disbursement

Candidate Name

**Rep. David E. Price**

Office Sought:  House  
 Senate  
 President

State: NC District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

**Transaction ID : BCD00E90C9B30471A83F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Schakowsky for Congress**

Mailing Address PO Box 5130

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement

Candidate Name

**Rep. Jan D. Schakowsky**

Office Sought:  House  
 Senate  
 President

State: IL District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2013

**Transaction ID : B884287C609854466949**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 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. STEVE ISRAEL FOR CONGRESS**

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement

Candidate Name

**Rep. Steve J. Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2013

**Transaction ID : B2D1A4E1F0F354535BEC**

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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)..... ▶

1000.00

19250.00