

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2011"/>		29737.49
(b) Cash on Hand at Beginning of Reporting Period.....	82986.13	
(c) Total Receipts (from Line 19)	22420.26	253019.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	105406.39	282756.89
7. Total Disbursements (from Line 31).....	36000.00	213350.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	69406.39	69406.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	2088.74	34874.90
(ii) Unitemized	20331.52	218137.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22420.26	253012.49
(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)	22420.26	253012.49
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	6.91
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))..... ▶	22420.26	253019.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22420.26	253019.40

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.....	36000.00	212500.00
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	850.50
(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	850.50
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)) ..	36000.00	213350.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36000.00	213350.50

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)	22420.26	253012.49
34. Total Contribution Refunds (from Line 28(d))	0.00	850.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22420.26	252161.99
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:	PAGE 6 OF 17
	(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

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. DIANE Lind DEAN
Full Name (Last, First, Middle Initial)

Mailing Address 2121 South Oneida, Suite 634

City Denver	State CO	Zip Code 80224-2555
----------------	-------------	------------------------

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

Name of Employer Diane Lind Dean, RN,CS	Occupation NURSE PRACTIONER
--	--------------------------------

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
08		03		2011

Transaction ID : AA6610AD882774A33869

Amount of Each Receipt this Period
250.00

B. Dr. ROBERTA K. OLSON
Full Name (Last, First, Middle Initial)

Mailing Address 1303 Wahpeton Pass

City Brookings	State SD	Zip Code 57006-3641
-------------------	-------------	------------------------

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

Name of Employer South Dakota State	Occupation Educator
--	------------------------

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
08		04		2011

Transaction ID : A0D19D2967D0F474488E

Amount of Each Receipt this Period
250.00

C. Ola Greene
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 937

City Hemphill	State TX	Zip Code 75948-0937
------------------	-------------	------------------------

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

Name of Employer Hemphill Gamily Medicine	Occupation Nursing Student - Masters Program
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
937.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2011

Transaction ID : AD088178667004936ABF

Amount of Each Receipt this Period
312.50

SUBTOTAL of Receipts This Page (optional).....▶	587.50
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 7 OF 17
	<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. Elizabeth O. Dietz
Full Name (Last, First, Middle Initial)

Mailing Address 2054 Folle Blanche Dr

City San Jose State CA Zip Code 95135-1251

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

Name of Employer The Alec Group Occupation Professor/Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2011

Transaction ID : AECC9C44AC9D345DD878

Amount of Each Receipt this Period
100.00

B. Dr. DIANA L. TAYLOR
Full Name (Last, First, Middle Initial)

Mailing Address 640 Davis St #13

City San Francisco State CA Zip Code 94111-1947

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

Name of Employer University of California Occupation Director & Professor Emerita

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
 08 / 10 / 2011

Transaction ID : AC3F0C2F276F747BEA7C

Amount of Each Receipt this Period
300.00

C. 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 ▼ **300.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2011

Transaction ID : A05DC772C9B724496812

Amount of Each Receipt this Period
66.66

SUBTOTAL of Receipts This Page (optional).....▶	466.66
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 8 OF 17
	(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. Joanne S Stevens
Full Name (Last, First, Middle Initial)

Mailing Address 4909 Majestic Prince Ct

City Raleigh State NC Zip Code 27606-4270

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

Name of Employer National Insitutes of Health Occupation Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2011

Transaction ID : A929CF41FC036482780E

Amount of Each Receipt this Period
40.00

B. TIMOTHY CHAMPION
Full Name (Last, First, Middle Initial)

Mailing Address 4233 Lookout Trail

City Mc Farland State WI Zip Code 53558-9730

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

Name of Employer Wisconsin Nurses Assoc.Dist.12 Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : AB186E5D6D62844E3884

Amount of Each Receipt this Period
250.00

c. Nancy L McCain
Full Name (Last, First, Middle Initial)

Mailing Address 3820 Stratford Rd

City Richmond State VA Zip Code 23225

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

Name of Employer VCU School of Nursing Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : ABA879016587341769D8

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	490.00
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 17
	<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. Kim Armstrong
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 354

City Olalla State WA Zip Code 98359-0354

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

Name of Employer Tacoma General Occupation Staff Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
08 / 16 / 2011
Transaction ID : **A0BD498FE704742119D0**

Amount of Each Receipt this Period
35.00

B. Barbara A Crane
Full Name (Last, First, Middle Initial)

Mailing Address 8 Vernon Place

City Smithtown State NY Zip Code 11787-4915

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

Name of Employer St. Catherine of Siena Medical Center Occupation Staff Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 21 / 2011
Transaction ID : **AB9D1C5D6DF9E42148F3**

Amount of Each Receipt this Period
25.00

C. KAREN DALEY
Full Name (Last, First, Middle Initial)

Mailing Address 8515 Georgia Ave Suite 400

City Silver Spring State MD Zip Code 20910-3492

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

Name of Employer American Nurses Assn Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.03

Date of Receipt
08 / 22 / 2011
Transaction ID : **A16CDB7D22F07448E9E6**

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 143.33

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 17
	<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. Sallie Porter
Full Name (Last, First, Middle Initial)
Mailing Address 204518 10th St
City Jersey City State NJ Zip Code 07302
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Other
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 22 / 2011
Transaction ID : AC1C4FB775B2A4987B08
Amount of Each Receipt this Period
250.00

B. Ms. Carol A Head
Full Name (Last, First, Middle Initial)
Mailing Address 7515 Elderwood Dr NW
City Albuquerque State NM Zip Code 87120-4053
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
B.e Smith Consultant
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
08 / 23 / 2011
Transaction ID : A635704ED30C54FB091D
Amount of Each Receipt this Period
91.25

C. Mrs. TIA GUILLEN
Full Name (Last, First, Middle Initial)
Mailing Address 2610 Stoneport Ct
City Richmond State TX Zip Code 77469-2767
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MEMORIAL HERMAN Staff Nurse
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
08 / 27 / 2011
Transaction ID : A2CF654D6BB0D4BCC967
Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional).....▶	401.25
TOTAL This Period (last page this line number only).....▶	2088.74

**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. JESSE L JACKSON JR FOR CONGRES

Mailing Address PO Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement

Candidate Name

Rep. Jesse L. Jackson Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2011

Transaction ID : BBC5E1B57C98A42BFB27

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richmond for Congress

Mailing Address 1631 Elysian Fields Ste 150

City New Orleans State LA Zip Code 70126

Purpose of Disbursement

Candidate Name

Rep. Cedric L. Richmond

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	31	/	2011

Transaction ID : BC3D654437A2647C7BA4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Snowe for Senate

Mailing Address PO Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement

Candidate Name

Sen. Olympia J. Snowe

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	10	/	2011

Transaction ID : B75FFD5AF3B664ADF9B9

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

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**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 Jim Clyburn

Mailing Address PO Box

City Columbia State SC Zip Code 29211

Purpose of Disbursement

Candidate Name
Rep. James E. Clyburn

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID : **BB182FACDA6DE4D55910**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. CHARLIE GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address 236 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Rep. Charles A. Gonzalez

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	1

Transaction ID : **B244BC92E505A48B7BB1**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. LOBIONDO FOR CONGRESS

Mailing Address 1707 Prince St #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
Rep. Frank A. LoBiondo

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	1

Transaction ID : **B34574834C7EA4FDABA7**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

3	5	0	0	.	0	0
---	---	---	---	---	---	---

3	5	0	0	.	0	0
---	---	---	---	---	---	---

**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. Courtney for Congress

Mailing Address 38 Risley Rd

City State Zip Code
Vernon CT 06066

Purpose of Disbursement

Candidate Name

Rep. Joe Courtney

Office Sought: House
 Senate
 President
State: CT District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2011

Transaction ID : BAA5E4531FA3246849B2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL Committee

Mailing Address 320 1st St SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2011

Transaction ID : BDFAFDD8A6BD8417999E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Allyson Schwartz For Congress

Mailing Address PO Box 2232

City State Zip Code
Jenkinstown PA 19046

Purpose of Disbursement

Candidate Name

Rep. Allyson Y. Schwartz

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : B5D0DE298467148F2854

Amount of Each Disbursement this Period

2500.00

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

8500.00

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. Langevin For Congress

Mailing Address 181 A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Candidate Name

Rep. James R. Langevin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	1

Transaction ID : B7D06637163C542E78D6

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Republican National Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	1

Transaction ID : B7A8702F77E534B89A86

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS

Mailing Address 2501 Wisconsin Ave #304

City Washington State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Rep. Dave Camp

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	1

Transaction ID : B65D992449F57466392B

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Citizens For Rush

Mailing Address PO Box 7292

City State Zip Code
Chicago IL 60680

Purpose of Disbursement

Candidate Name

Rep. Bobby L. Rush

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2011

Transaction ID : B172942E1E4C649A5903

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 S Capitol

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2011

Transaction ID : BAC095285FD754F9294C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lee Terry for Congress

Mailing Address PO Box 540098

City State Zip Code
Omaha NE 68154

Purpose of Disbursement

Candidate Name

Rep. Lee Terry

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2011

Transaction ID : BEB651296F4954A68993

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

36000.00