

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	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		68149.75
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	47534.06									
(c) Total Receipts (from Line 19)	36213.66	336950.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83747.72	405100.05								
7. Total Disbursements (from Line 31)	12497.20	333849.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	71250.52	71250.52								
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

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	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	5569.99	23504.60
(ii) Unitemized	30640.31	312699.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36210.30	336203.80
(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)	36210.30	336203.80
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.)	3.36	746.50
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))	36213.66	336950.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36213.66	336950.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	2497.20	25159.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2497.20	25159.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	307600.60
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	380.00
(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	380.00
29. Other Disbursements.....	0.00	709.00
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))..	12497.20	333849.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12497.20	333849.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	36210.30	336203.80
34. Total Contribution Refunds (from Line 28(d))	0.00	380.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36210.30	335823.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2497.20	25159.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2497.20	25159.93

**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 / 17
	<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	

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. Full Name (Last, First, Middle Initial)
Ms. Judith A Huntington

Mailing Address 12816 SE 243rd St

City Kent State WA Zip Code 98030-5083

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

Name of Employer WA State Nurses Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 10 / 05 / 2009

Transaction ID: A71577D6A37274A13B57

Amount of Each Receipt this Period 208.33

B. Full Name (Last, First, Middle Initial)
Paula K. Anderson

Mailing Address 144 Ticonderoga Dr Apt H

City Westerville State OH Zip Code 43081-1384

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

Name of Employer OHIO STATE Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2009

Transaction ID: ADB2F2F62ED7D4D10B4D

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Ms. Sheila D. Warren

Mailing Address 705 E. Main St

City Hahira State GA Zip Code 31632-1245

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

Name of Employer United Hospice Occupation Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2009

Transaction ID: A30C5071B77C340659D0

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 758.33

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 7 / 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	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.

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

Mailing Address 52 Copperwood Dr

City Stoughton State MA Zip Code 02072-1439

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

Name of Employer Brigham & Women's Hospital Occupation SENIOR STAFF NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 10 / 05 / 2009

Transaction ID: AAF840DF8FAC54361912

Amount of Each Receipt this Period 83.33

B.

Full Name (Last, First, Middle Initial)
Patricia Messmer

Mailing Address 3100 SW 62nd Ave

City Miami State FL Zip Code 33155-3009

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

Name of Employer Miami Children's Hospital Occupation Director of Nursing Research

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2009

Transaction ID: A733BBEC309A24790961

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Laura G. Mitchell

Mailing Address 435 Clark Lake Estates Dr

City Grayson State GA Zip Code 30017-1234

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

Name of Employer Promina Gwinnett Health Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 07 / 2009

Transaction ID: AE0FF9390BF634EBDB27

Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional) ► **453.33**

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 8 / 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	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Patricia L Holloman	Date of Receipt MM / DD / YYYY 10 / 08 / 2009
	Mailing Address 27-40 Ericsson St	Transaction ID: AB5EBAC3EF91D417FBC5
	City State Zip Code East Elmhurst NY 11369-1942	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mt Sinai Medical Center Registered Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mary M. Germain	Date of Receipt MM / DD / YYYY 10 / 16 / 2009
	Mailing Address 15 Washington St	Transaction ID: A60E3340CA738460A83B
	City State Zip Code Rocky Hill NJ 08553-1029	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of New York School of Nursi Instructor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Debra Cannon	Date of Receipt MM / DD / YYYY 10 / 17 / 2009
	Mailing Address 205 Horseshoe Dr	Transaction ID: AF9F3666263F842B49F5
	City State Zip Code Spotsylvania VA 22551-3205	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEALTH SOUTH RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional)	883.33
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: PAGE 9 / 17
	(check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela F. Cipriano, Phd, Rn, F

Mailing Address 512 Rosemont Dr

City State Zip Code
Charlottesville VA 22903-7694

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

Name of Employer Occupation
UVA Health System Chief Clinical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: A282A7068790D40E4AC5
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Carolyn Roberts

Mailing Address 3692 State Hwy 14

City State Zip Code
Santa Fe NM 87508-8063

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

Name of Employer Occupation
New Mexico Nurses Association Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 21 / 2009
Transaction ID: A64458F76DB8C41DE864
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Donna M. Patrick

Mailing Address PO Box 80208

City State Zip Code
Fairbanks AK 99708-0208

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

Name of Employer Occupation
University of AK Anchorage RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 23 / 2009
Transaction ID: AB6A7050673864BC5ADA
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 10 / 17
(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)
Mrs. Donna M. Policastro, RNP,BC

Mailing Address 67 Park Place

City State Zip Code
Pawtucket RI 02860-4009

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

Name of Employer Occupation
Aaron Sherman, MD Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: A22B1B10EC6574740AAC

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Donna L. Dolinar

Mailing Address 220 Chaparral Dr

City State Zip Code
Paradise CA 95969-6149

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

Name of Employer Occupation
Information Requested RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: A8E4382E609CF4E078BE

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth O. Dietz

Mailing Address 605 Princeton Dr

City State Zip Code
Sunnyvale CA 94087-1852

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

Name of Employer Occupation
San Jose State University Professor/Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: A64E95A71E4A049A0BF2

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 11 / 17
	<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) Dr. Ann-Lynn Denker	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 10 SW South River Dr Ph1-06	Transaction ID: AD9AF75FC00F24007BF7
	City State Zip Code Miami FL 33130-1413	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Jackson Memorial Hospital Magnet Project Director/Human Subjects	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

B.	Full Name (Last, First, Middle Initial) Dr. Anne M. McNamara	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 6511 N. Maryland Cir	Transaction ID: A60EB4504CC5041F6AF7
	City State Zip Code Phoenix AZ 85013-1030	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Arizona Hospital Association Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Ms. Rose I. Gonzalez	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 3318 Cullers Ct	Transaction ID: A447F06AFF4094401BB0
	City State Zip Code Woodbridge VA 22192-1085	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ANA Director of Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	375.00
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 12 / 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	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Nancy Schroeder		Date of Receipt
	Mailing Address 42 Guada Coma Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New Braunfels	TX	78130-4608
	FEC ID number of contributing federal political committee. C		Transaction ID: AF7A9805CF42B495CADF
Name of Employer Seton Center		Occupation RN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Susan Y. Swart		Date of Receipt
	Mailing Address 33 S. Main St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Manteno	IL	60950-1529
	FEC ID number of contributing federal political committee. C		Transaction ID: AE4525CCFCA034139B79
Name of Employer Illinois Nurses Assn		Occupation Staff	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dr. Cheryl K. Schmidt		Date of Receipt
	Mailing Address 320 West Cross St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Benton	AR	72015-3622
	FEC ID number of contributing federal political committee. C		Transaction ID: AB62297676C5D46058AE
Name of Employer University of Arkansas Medical Services		Occupation Clinical Assistant Professor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1750.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL 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: PAGE 13 / 17
(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)
Ms. Mary Jane Williams

Mailing Address Department Of Nursing
200 Bloomfield Avenue

City State Zip Code
West Hartford CT 06117-1545

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Central Connecticut State Univ Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: AE1CDB0BFCA784E81B9E

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	5569.99

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 14 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Bank of America <hr/> Mailing Address PO Box 27025 <hr/> City Richmond State VA Zip Code 23261-7025 <hr/> Purpose of Disbursement bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B663933126F284CF6B10 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2271.56
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Bank of America Merchant Services <hr/> Mailing Address PO Box 2485 <hr/> City Spokane State WA Zip Code 99210-2485 <hr/> Purpose of Disbursement credit card and online lockbox fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5ECC96A1B0784EC3A5D Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 225.64
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2497.20

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

2497.20

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

A. Full Name (Last, First, Middle Initial) Rush Holt for Congress <hr/> Mailing Address PO Box 782 <hr/> City Pennington State NJ Zip Code 08534 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Rush Holt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B041DB0142F1B444EADD Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CHARLIE GONZALEZ CONGRESSIONAL CAMPAIGN <hr/> Mailing Address 236 Massachusetts Ave NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Charles A. Gonzalez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4B3E056322014CAD9F0 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Committee to Elect Alan Grayson <hr/> Mailing Address PO BOX 536447 <hr/> City Orlando State FL Zip Code 32853 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Alan Grayson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5E5B004860E24AFA9B3 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

A. Full Name (Last, First, Middle Initial) Friends of Glenn Nye <hr/> Mailing Address PO Box 68444 <hr/> City Virginia Beach State VA Zip Code 23471 Purpose of Disbursement <hr/> Candidate Name Rep. Glenn Nye Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1ED8247F1E324ED6994 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN <hr/> Mailing Address PO Box 16128 <hr/> City Washington State DC Zip Code 77222 Purpose of Disbursement <hr/> Candidate Name Rep. Gene Green Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B131FC6F837904627A18 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS <hr/> Mailing Address 1707 Prince St #5 <hr/> City Alexandria State VA Zip Code 22314 Purpose of Disbursement <hr/> Candidate Name Rep. Frank A. LoBiondo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B765FE69C2C384301BC9 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

A. Full Name (Last, First, Middle Initial) Hooisers for Hill <hr/> Mailing Address PO Box 1071 <hr/> City Seymour State IN Zip Code 47274-1071 <hr/> Purpose of Disbursement <hr/> Candidate Name Baron P Hill <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB659556421A54510B46 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Citizens For Rush <hr/> Mailing Address PO Box 7292 <hr/> City Chicago State IL Zip Code 60680 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Bobby L. Rush <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B09FFCD1555334B25A6A Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Schakowsky for Congress <hr/> Mailing Address PO Box 5130 <hr/> City Evanston State IL Zip Code 60204 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jan D. Schakowsky <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3397363B86AD4E29935 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	1000.00