

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

American Nurses Association PAC

ADDRESS (number and street)

8515 Georgia Avenue

Suite 400

☐ Check if different
than previously
reported. (ACC)

Silver Spring

MD

20910

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00017525

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Donna M. Policastro

Signature of Treasurer

Electronically Filed by Donna M. Policastro

Date

07

20

2010

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 55

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	52484.84
(b) Cash on Hand at Beginning of Reporting Period	125034.77	
(c) Total Receipts (from Line 19)	78603.60	263030.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	203638.37	315515.36
7. Total Disbursements (from Line 31)	34774.00	146650.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	168864.37	168864.37
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)

3 / 55

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	26770.53	56533.35
(ii) Unitemized	51833.07	208973.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)	78603.60	265507.06
(b) Political Party Committees	0.00	-2500.00
(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)	78603.60	263007.06
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	23.46
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))	78603.60	263030.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	78603.60	263030.52

DETAILED SUMMARY PAGE

of Disbursements

4 / 55

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.....	0.00	146.99	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	146.99	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	146250.00	
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	274.00	254.00	
(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))	274.00	254.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34774.00	146650.99	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34774.00	146650.99	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 55

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)	78603.60	263007.06
34. Total Contribution Refunds (from Line 28(d))	274.00	254.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78329.60	262753.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	146.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	146.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Robin A Roling

Mailing Address 844 Riverside

City

Powell

State

WY

Zip Code

82435-8554

FEC ID number of contributing
federal political committee.

C

Name of Employer
powell valley health

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AABC61E48C0464CFF855

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Victoria Rose England

Mailing Address 4125 Glenrose Dr

City

Garland

State

TX

Zip Code

75042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens' Medical Center

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A6AE300CBEF764AECA3E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Florence E. Jones-Clarke

Mailing Address 1610 Clear Springs Ln

City

Colonial Heights

State

VA

Zip Code

23834-5873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: A762287C9A1F9493F97F

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

525.00

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 7 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Mary G. Wilder

Mailing Address 116 S. Elm St

City

Henderson

State

KY

Zip Code

42420-3509

FEC ID number of contributing
federal political committee.

C

Name of Employer
henderson Community Colle-
ge

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A5FBAD4C3A6C345239DD

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Katherine Kenny

Mailing Address 6026 N. 5th Place

City

Phoenix

State

AZ

Zip Code

85012-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona State College of
Nursing

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: ACE49D9E1FD7C44C1BBC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. DEBRA D. Hatmaker

Mailing Address 1051 Ln Creek Ct

City

Bishop

State

GA

Zip Code

30621

FEC ID number of contributing
federal political committee.

C

Name of Employer
GA Nurses Association

Occupation
CHEIF PROGRAMS OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: A489CB594F8614E1EA54

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 8 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Sara McCumber

Mailing Address 2004 Lackawanna Ave

City

Superior

State

WI

Zip Code

54880-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duluth Clinic

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: A53E5E89211AC4A959CA

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bradley Morse

Mailing Address 2589 Fir St

City

North Bend

State

OR

Zip Code

97459-1565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Area Hosp

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A6CF3522AB9914F58966

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Marla J. Weston

Mailing Address 1301 M st NW #221

City

Washington

State

DC

Zip Code

20005-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Nurses Associati-
on

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: A47326D7D41DD4D1FA9B

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

880.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 55

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Fran E. Beall

Mailing Address 152 South Burson Ave

City

Bogart

State

GA

Zip Code

30622-2067

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Georgia

Occupation

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
0 6 / 0 7 / 2 0 1 0

Transaction ID: A5BD05650277942D9893

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charlene Phelps

Mailing Address 446 E. 266th St

City

Euclid

State

OH

Zip Code

44132-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: AC4C1F7AD6F284947BCA

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

THOMAS Ferguson

Mailing Address PO Box 9566

City

Helena

State

MT

Zip Code

59604-9566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: A0C081F67A1B745DEB05

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

620.00

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 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Carrie Houser-James

Mailing Address 462 Meadowlark Dr NE

City

Orangeburg

State

SC

Zip Code

29118-2104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A39815CE9D2424A10BCD

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Marilyn A. Sullivan

Mailing Address 123 Cardiff Ct

City

Slidell

State

LA

Zip Code

70461-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.20

Date of Receipt

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

Transaction ID: AB2F09CF9291C410FBC4

Amount of Each Receipt this Period

25.20

C.

Full Name (Last, First, Middle Initial)

Georgina Dennik-Champion

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.DI-
st.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
0 6 / 1 0 / 2 0 1 0

Transaction ID: A99FF627F59404867BD9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.20

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 11 / 55

(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)

Mary Buszuwski

Mailing Address 8515 Georgia Ave
Suite 400City State Zip Code
Silver Spring MD 20910-3492FEC ID number of contributing
federal political committee.**C**Name of Employer
American Nurses Associati-
onOccupation
Executive Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AEA2AA687C94941D692C

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Rebecca M. Patton

Mailing Address 2382 Woodward St

City State Zip Code
Lakewood OH 44107FEC ID number of contributing
federal political committee.**C**Name of Employer
UNIVERSITY HOSPOccupation
Director of Patient Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: AD2FF265619AB42D3A91

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Linda Damon

Mailing Address 75 Freeman St

City State Zip Code
Norton MA 02766-2225FEC ID number of contributing
federal political committee.**C**Name of Employer
Bulter HospitalOccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	1	0

Transaction ID: A3A47532710874B0CA72

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2375.00

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 12 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Julia Weinburg

Mailing Address 7078 Ershig Rd

City

Bow

State

WA

Zip Code

98232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skagit Valley Hospital

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: A42EB8493CFA04E23B6B

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Fran E. Beall

Mailing Address 152 South Burson Ave

City

Bogart

State

GA

Zip Code

30622-2067

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Georgia

Occupation
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 Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: A0AD91332134340DA80A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Colleen Harris

Mailing Address 1600 S. Donnybrook Ave

City

Tyler

State

TX

Zip Code

75701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: A5580F2D9B1CC4B9BA90

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

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 13 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Kim Armstrong

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
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: AB9BEFB37C0F34B98893

Amount of Each Receipt this Period

50.00

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: A70459EB5E9164E22809

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Patricia J. Johnson

Mailing Address 2322 S. Rogers St #8

City

Mesa

State

AZ

Zip Code

85202-6559

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIHS

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: A57F988C5528848A1BE0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

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 14 / 55

(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

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
Washington State Nurses
Assoc.

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
0 6 / 1 5 / 2 0 1 0

Transaction ID: A3CCC4F18E39040D7BDC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David M Trevino

Mailing Address 109 S. 'I' St

City

Toppenish

State

WA

Zip Code

98948-1761

FEC ID number of contributing
federal political committee.

C

Name of Employer
YAKIMA REGIONAL HOSPITAL

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: AED3BAB4216064ACAB67

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ann-Lynn Denker

Mailing Address 10 SW South River Dr Ph 1-06

City

Miami

State

FL

Zip Code

33130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Memorial Hospital

Occupation

Magnet Project Director/Human Subjects

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: AB4351169D95748C1B28

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 15 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Liz O. Dietz

Mailing Address 605 Princeton Dr

City

Sunnyvale

State

CA

Zip Code

94087-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Jose State University

Occupation

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
0 6 / 1 5 / 2 0 1 0

Transaction ID: A36589613611C4F39BE8

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Martha H. Myers

Mailing Address 12106 Scribe Dr

City

Austin

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reproductive Services of
Austin

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AD48A325371C74BD0B11

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joylynn L. Daniels

Mailing Address 2712 Brookdale Ct

City

Crestview Hills

State

KY

Zip Code

41017-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: A994DED504286413CB4D

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

775.00

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 16 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Joylynn L. Daniels

Mailing Address 2712 Brookdale Ct

City

Crestview Hills

State

KY

Zip Code

41017-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: AA0FBC2BE948D4CF5B2C

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Margaret E. Strong

Mailing Address 8913 Hillman Way Dr

City

Memphis

State

TN

Zip Code

38133-4186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Extended Care
Hospital

Occupation
Director Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AA746956038254DD3969

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joanne Penn

Mailing Address 285 Aycrigg Ave
Unit 16 J

City

Passaic

State

NJ

Zip Code

07055-3733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Messina Pediatrics

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: ADC6777E1331E4123B67

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 17 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Linda A. V. Beechinor

Mailing Address 500 Lunalilo Home Rd
#27-e

City State Zip Code
Honolulu HI 96825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawaii Pacific University

Occupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.25

Date of Receipt

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

Transaction ID: AA50CA875B18F47898F3

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Pfeiffer

Mailing Address 8515 Georgia Ave

City State Zip Code
Silver Spring MD 20910-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Nurses Associati-
on

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AB26E7A81710243DE8CC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jacqueline A Edwards

Mailing Address 9901 Royal Commerce Place

City State Zip Code
Upper Marlboro MD 20774-1164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whc

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A575E213806C243D3AE1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 18 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Cecilia F. Mulvey

Mailing Address 208 Huntleigh Ave

City

Fayetteville

State

NY

Zip Code

13066-2215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Syracuse

Occupation
Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A349B19DDB63A4B7A90C

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Nancy J. McConnell

Mailing Address 2816 Tyson Place

City

Louisville

State

KY

Zip Code

40218-1622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Cmty College

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A20EC9F4D2E014029ACF

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Irene J. Eaton-Bancroft

Mailing Address 73 Fletcher St

City

Kennebunk

State

ME

Zip Code

04043-6709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A67361D0A674B4853BF8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 19 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Susan E Jacobson

Mailing Address 3 S. 76th Ave

City

Yakima

State

WA

Zip Code

98908-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
YAKIMA REGIONAL HOSPITAL

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: AB42FACAE30224B088A8

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Judy Schmidt

Mailing Address 1007 English Ln

City

Toms River

State

NJ

Zip Code

08753-3360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Medical Ctr

Occupation
Administrator Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A8A00A2391FF748FDB0D

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Barbara A. Blakeny

Mailing Address 21 Andrea Rd

City

Waltham

State

MA

Zip Code

02453-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANA

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AC96BAABE0BD942F08E9

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

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 20 / 55

(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)

Sylvia Weber

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
Rhode Island Association
of NursesOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A21D0D1D8C59E44D6BEC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Katheryn Pecenka-Johnson

Mailing Address 1610 Dowling Dr

City

Irving

State

TX

Zip Code

75038-5946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Medical Center
DallasOccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AF7A743863D6A4EDDBEB

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gingy Hershey Meade

Mailing Address 4000 E. Mainstreet

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State NursesOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A0323E155771A4D5A910

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 21 / 55

(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

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)

Diane C Bartos

Mailing Address 17 Timberwick Dr

City

Clifton Park

State

NY

Zip Code

12065-6200

FEC ID number of contributing
federal political committee.**C**Name of Employer
SARATOGA HSP

Occupation

Director ICU/CCU

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: AB12522B07AA64DA6BBD

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Rebecca Bosers-Lanier

Mailing Address 1736 Parkwood Ave

City

Richmond

State

VA

Zip Code

23220-5324

FEC ID number of contributing
federal political committee.**C**Name of Employer
Norfolk State University

Occupation

Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A0F4FDAD28F084B44943

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Karen E. Ballard

Mailing Address 4712 SW Flower Ct

City

Portland

State

OR

Zip Code

97221-2928

FEC ID number of contributing
federal political committee.**C**Name of Employer
Oregon Nurses Assoc

Occupation

Executive Director Oregon Nurses Assoc

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	0

Transaction ID: A901A65FADD6642AFAE3

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

675.00

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 22 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Jan E. Bussert

Mailing Address 9427 SW 268th St

City

Vashon

State

WA

Zip Code

98070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wsna Nurses On Staff

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A2E4A4F9CB03B458D87D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rosemarie Ferrer Rosales

Mailing Address 37 Taylor Ave

City

North Middletown

State

NJ

Zip Code

07748-5820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert Wood Johnson Univ
Hospital

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A9A9A9CA6B4664C248D3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DANNY R. Reno

Mailing Address PO Box 562

City

Jackson

State

MO

Zip Code

63755-0562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast MSU

Occupation
Gerontological Cns

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: AC64DB34E0D6F4335B6E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 23 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Catherine Jean Dodd

Mailing Address 963 Duncan St

City

San Francisco

State

CA

Zip Code

94131-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNEMPLOYED

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A759DD28550D84FBC8BB

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eric T. Williams

Mailing Address 1760 Pleasant Valley Rd

City

Girard

State

OH

Zip Code

44420-1261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Forum Health

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A9927891546494BF0A0E

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Ms. Linda J. Gobis

Mailing Address 1570 Midway Place

City

Menasha

State

WI

Zip Code

54952-1165

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Network For Organ
Sharing

Occupation
Sr VP of Legal Services & Risk Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A2FE8604E87BD47D1B90

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

725.00

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 24 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Linda K. Groah

Mailing Address 5 Mateo Dr

City

Belvedere Tiburon

State

CA

Zip Code

94920-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Hospital

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A1285823E5141471FB9D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eileen M Schneider

Mailing Address 6 Nonchalant Dr

City

Saratoga Springs

State

NY

Zip Code

12866-5742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYS Nurses Association

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: AD44A0F4480BB4F0DB8A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARY A. MANNING

Mailing Address 300 Commercial St
Apt 810

City

Boston

State

MA

Zip Code

02109-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Nurses Assn

Occupation
Executive Director - MANA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A2530C176C8AD4E8C890

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

650.00

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 25 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Frances C. Downs

Mailing Address 5720 SW 64 Place

City

South Miami

State

FL

Zip Code

33143-2053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A3223B126E42B4B14BAB

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

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
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A33023D86E29A4629861

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Judi M. Lyons

Mailing Address 1405 W. Dolarway Rd

City

Ellensburg

State

WA

Zip Code

98926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kittitas Valley Community
Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: AAAD8278F87594C80BFB

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 26 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Susan W. Hinck

Mailing Address 4008 101st St

City

Lubbock

State

TX

Zip Code

79423-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

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
0 6 / 1 7 / 2 0 1 0

Transaction ID: A2FE0B997FB6C4DBF9BB

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Nancy K. Barr

Mailing Address 3653 Charlotte St

City

Kansas City

State

MO

Zip Code

64109-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of KS School
of Nur

Occupation

RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A7E11ACC8A20B441FBC7

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Chris C O'Neill

Mailing Address 735 W. 12th Ave

City

Eugene

State

OR

Zip Code

97402-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Work Drug Free - Onf

Occupation

RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: ADE978B6C0AC64C1287A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 27 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Marie Carabos

Mailing Address N2921 County Rd K

City

Darien

State

WI

Zip Code

53114-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wi Bureau Quality Assuran-
ce

Occupation

Nurse Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A52B3FBAD2DDA4894A6A

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard J. Frank

Mailing Address 111b Grove St

City

Rutland

State

VT

Zip Code

05701-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis Eldercare

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: ADD2E0AEDB6DA4FEB94E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Alice Bodley

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
General Counsel

Occupation

Office of General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A1002C33295DE4EBF89C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 28 / 55

(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)

WILLIAM E. Neuman

Mailing Address 500 Bainbridge Rd

City

Marion

State

IL

Zip Code

62959-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultant-nursing Practi-
ce &

Occupation

Admin Dir Pt Care Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	0

Transaction ID: ACB69BF2DBCBF43DB8E3

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Melissa M. Goldberg

Mailing Address 29621 K St

City

Ocean Park

State

WA

Zip Code

98640-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ocean Beach Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	0

Transaction ID: AF33D384BABC147B79A5

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Linda E O'Brien

Mailing Address 15 Cedar St

City

Center Moriches

State

NY

Zip Code

11934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookhaven Memorial Hospi-
tal

Occupation

ADN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	0

Transaction ID: A704D97503C6F4CA683C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

775.00

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 29 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Susan W. Hinck

Mailing Address 4008 101st St

City

Lubbock

State

TX

Zip Code

79423-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

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 Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: AEF4C58B8071B460DB75

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gigi C. Prystash

Mailing Address 316 E. Morenci St
Po Box 106

City

Lyons

State

OH

Zip Code

43533-9639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A8C7721B5C521470EB00

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ms. Patricia Lynn Freier

Mailing Address 3605 45th St

City

Lubbock

State

TX

Zip Code

79413-3418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

Occupation

RN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A9674AEF6163E45269DB

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

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 30 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Kathy K. Hager

Mailing Address 1508 Main St

City

Shelbyville

State

KY

Zip Code

40065-1760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellarmine Univ

Occupation

Nurse Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A28DD0B3D38824A72A47

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kim Armstrong

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

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: AD60AA7D48D3441C9A40

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Marilyn L Dollinger

Mailing Address 2801 East Ave

City

Rochester

State

NY

Zip Code

14610

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Fisher College

Occupation

ASST DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.10

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A0F303BBEA0D64942978

Amount of Each Receipt this Period

20.10

SUBTOTAL of Receipts This Page (optional)

470.10

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 31 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Toby A. Turner

Mailing Address 620 Romany Rd

City

Kansas City

State

MO

Zip Code

64113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Selfemployed

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
0 6 / 1 7 / 2 0 1 0

Transaction ID: AAF297FA2019243E8BF7

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Marion Poirier

Mailing Address 95 -584 Naholoholo St

City

Mililani

State

HI

Zip Code

96789-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: AD601BC1EEB024499B49

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Debra Cannon

Mailing Address 205 Horseshoe Dr

City

Spotsylvania

State

VA

Zip Code

22553

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTH SOUTH

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: A5B7AF46528BC4F35A47

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

583.33

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 32 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Muriel Softli

Mailing Address 7333 Seward Park Ave S.

City

Seattle

State

WA

Zip Code

98118-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seattle School District

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: AF5AD21C432EF4E918E2

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robin Potter-Kimball

Mailing Address 13132 St Andrews Dr

City

Okl. City

State

OK

Zip Code

73120-8528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bethany Pavilion

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AAB682742492C40E387C

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

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

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

Transaction ID: A790A6D6449CF4D5E9FF

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 33 / 55

(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

A.

Full Name (Last, First, Middle Initial)

GLENN EASTERLY

Mailing Address 125 Jennings Mill Pkwy
Apt 330

City State Zip Code
Athens GA 30606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Houston Healthcare Complex

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: AF87D7B7B3CA84035AC6

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Ms. PATRICIA L Holloman

Mailing Address 27-40 Ericsson St

City State Zip Code
East Elmhurst NY 11369-1942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Council Of Nursing Practi-
tione

Occupation
Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: A5C81520254784B34818

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Connie Rae Barker

Mailing Address 15515 Wood Sorrel

City State Zip Code
San Antonio TX 78247-5504

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Paso Nurses Unlimited

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A1BA6B02CC3814DE5BB5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

825.00

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 34 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Betty M. Porter

Mailing Address 575 Sugarloaf Mt Rd

City

Morehead

State

KY

Zip Code

40351-9177

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arvis Porter, M.D.

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A2B4A2D79DB814977939

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sally L Marshall

Mailing Address PO Box 274

City

Garden City

State

NY

Zip Code

11530-0274

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A84CD81DFC9664894B1E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Pauline Komnenich

Mailing Address P o Box 942

City

Scottsdale

State

AZ

Zip Code

85252-0942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona State University

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A9C42B8810A174C0F887

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

675.00

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 35 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Elizabeth H. Smith

Mailing Address 713 Lake Dr

City

Piney Flats

State

TN

Zip Code

37686-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinical Trail Management
Service

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: A64B1F332092648129D0

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Lea Acord

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
Marquette University

Occupation
Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: ADDB67CC54D874430923

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Pauline Komnenich

Mailing Address P o Box 942

City

Scottsdale

State

AZ

Zip Code

85252-0942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona State University

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A7CFD55C81DDB44BFBE6

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

400.00

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 36 / 55

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Sandra G Jones

Mailing Address 1905 N Ocean Blvd 12E

City

Ft Lauderdale

State

FL

Zip Code

33305-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: A18E4AE5BC8D6483C94F

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Cheryl L. CAWIEZELL

Mailing Address 1500 Elkhorn Valley Dr

City

Casper

State

WY

Zip Code

82609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wyoming Hospital

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: AA89EEFF75055451EB4F

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Patricia Messmer

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
Childrens Mercy Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: AF5AF767B5DE94A18B59

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

575.00

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 37 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Margaret T. Miller

Mailing Address 7602 Buffalo Trace Dr

City

Louisville

State

KY

Zip Code

40214-5586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellarmine Univ

Occupation

MSN FACILITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A8092BBC7A7D6429FBF1

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Janice K. Lanier

Mailing Address 35 Berkshire Commons Dr

City

Westerville

State

OH

Zip Code

43082-8273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Nurses Association

Occupation

Director of Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A023D62B260034FE BBB2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Susan Hartranft

Mailing Address 2658 Meadow Wood Dr

City

Clearwater

State

FL

Zip Code

33761-1720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Plant Hospital; Nur-
se Recruiter

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A6D7D54D0A0324674AC0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

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 38 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Pass The Hat Pass the Hat

Mailing Address 8515 Georgia Ave

City

Silver Spring

State

MD

Zip Code

20910-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Misc

Occupation
Misc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.10

Date of Receipt

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

Transaction ID: AECB2A253E29A45F3B60

Amount of Each Receipt this Period

64.00

B.

Full Name (Last, First, Middle Initial)

Sally M. Watkins

Mailing Address 6916 Ray Nash Dr NW

City

Gig Harbor

State

WA

Zip Code

98335-5963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wsna Nurses On Staff

Occupation
Assistant 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
0 6 / 1 8 / 2 0 1 0

Transaction ID: A986C63D2967F4AF6B65

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sue B. Davidson

Mailing Address 18765 SW Boones Ferry Rd

City

Tualatin

State

OR

Zip Code

97062-8496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Nurses Assc

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A2A312950D00A499F812

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

814.00

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 39 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Liz O. Dietz

Mailing Address 605 Princeton Dr

City

Sunnyvale

State

CA

Zip Code

94087-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Jose State University

Occupation

Professor/Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: A321B3D7A87F246E4A35

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Rich Garrett

Mailing Address Mississippi Nurses Association
31 Woodgreen Place

City

Madison

State

MS

Zip Code

39110

FEC ID number of contributing
federal political committee.

C

Name of Employer
MS Nurses Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 1 0

Transaction ID: A598AB67F39FA414ABDF

Amount of Each Receipt this Period

300.00

C.

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
Washington State Nurses
Assoc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 1 0

Transaction ID: AF37017E17D1A40CE90F

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

500.00

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 40 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Pass The Hat Pass the Hat

Mailing Address 8515 Georgia Ave

City

Silver Spring

State

MD

Zip Code

20910-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Misc

Occupation
Misc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 1 0

Transaction ID: AF8C37D960DD7400A9B4

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Diane A. Earl

Mailing Address 849 Kingswood Dr

City

Lima

State

OH

Zip Code

45804-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lima Memorial Hospital

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 1 0

Transaction ID: AF48F9BB8A1F94C00BED

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Donna M. Policastro

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
Aaron Sherman, MD

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: AA6F161C2B1D840F3A03

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

115.00

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 41 / 55

(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

A.

Full Name (Last, First, Middle Initial)

JOYCEL J. McKenzie

Mailing Address 5703 Tilden Ave

City

Brooklyn

State

NY

Zip Code

11203-4821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTEFIORE HOSP

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: ACF791FB727BD4671A3E

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Doris T. Lippman

Mailing Address 9 Woodsend Ln

City

Westport

State

CT

Zip Code

06880-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAIRFIELD UNIVERSITY

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: A8A14FE66F9B84A7ABF5

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

Mary E. Foley

Mailing Address 963 Duncan St

City

San Francisco

State

CA

Zip Code

94131-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of California San
Francisco Hosp

Occupation
Associate Director, School of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: AC58BF9C00B754D8A8C0

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

520.00

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 42 / 55

(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

A.

Full Name (Last, First, Middle Initial)

Tanida Rerkjirattikal

Mailing Address 19 Summit Ridge Ct

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ossu

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: AACAC3C767879A46C1850

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Carlene J Daley

Mailing Address 5423 Fillmore Ave # 2

City

Brooklyn

State

NY

Zip Code

11234-4730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: A4840998A056E4942B75

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Carolyn Krause

Mailing Address 11333 West National Ave

City

Milwaukee

State

WI

Zip Code

53227-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meriter Hospital

Occupation
VP Clinical Services/Chief Nurse Execu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: A4B283563C8CF4242968

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

350.00

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 43 / 55

(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

A.

Full Name (Last, First, Middle Initial)

GLENN EASTERLY

Mailing Address 125 Jennings Mill Pkwy
Apt 330

City State Zip Code
Athens GA 30606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Houston Healthcare Complex

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: A461B6F5B9C7149EB8C3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Susan F. Pierce

Mailing Address 408 Barbee Blvd

City State Zip Code
Oak Island NC 28465-8019

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNC School of Nursing

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: A609E2E00112F46CA8AD

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Carolyn Krause

Mailing Address 11333 West National Ave

City State Zip Code
Milwaukee WI 53227-3111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meriter Hospital

Occupation
VP Clinical Services/Chief Nurse Execu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: AB90A00727A34460B934

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

660.00

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 44 / 55

(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

A.

Full Name (Last, First, Middle Initial)

KAREN DALEY

Mailing Address PO Box 9008

City

Canton

State

OH

Zip Code

44711-9008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested - Asked not to
be made public

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RN

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 1 0

Transaction ID: A07B1642D0FB24E3884A

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sheela Sathiyageeswaran

Mailing Address 2550 Olinville Ave #11

City

Bronx

State

NY

Zip Code

10467-7440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Medical and Mental
Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RN

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: A5429A8A5D16046AC8C5

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Karen Daley

Mailing Address 350 North St #803

City

Boston

State

MA

Zip Code

02113-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brigham & Women's Hospital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
RN

Aggregate Year-to-Date ▼

472.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: AB7D165141B7449B6842

Amount of Each Receipt this Period

87.90

SUBTOTAL of Receipts This Page (optional)

347.90

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 45 / 55

(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)

Patricia Diane Werner

Mailing Address 117 Lamms Mill Rd

City

Wernersville

State

PA

Zip Code

19565-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Reading Hospital & Me-
dical CtrOccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	0

Transaction ID: A59247F13ED0F4744ABC

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

10.00

TOTAL This Period (last page this line number only)

26770.53

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 46 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 S Capitol

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B55AA45B0573249889BA

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL Committee

Mailing Address 320 1st St SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B07BB0C269E404B85A75

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

PAC to the Future

Mailing Address 268 Bush Street

City
San Francisco

State
CA

Zip Code
94104

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: BF73E4E5F47DE40D7B95

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 47 / 55

<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) Lance for Congress	Transaction ID: BDE589AB487484BCDB23 Date of Disbursement																				
Mailing Address PO Box 225	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Colonia State NJ Zip Code 07067	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Leonard Lance	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc	Transaction ID: BBCBA5807BEC844F486C Date of Disbursement																				
Mailing Address 10 G St NE, Ste 460	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	1	0												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Sen. Mary L. Landrieu	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paul Tonko for Congress	Transaction ID: B393F9D638F9F4CB39E4 Date of Disbursement																				
Mailing Address POBox 221	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Albany State NY Zip Code 12206	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Paul D. Tonko	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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)

PAGE 48 / 55

<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

<p>A. Full Name (Last, First, Middle Initial) Citizens for Altmire</p> <p>Mailing Address 499 S Capitol St Sw Ste 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC498EED9838F4B9F9C7</p> <p>Date of Disbursement <div> <div>06</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>
<p>B. Full Name (Last, First, Middle Initial) DAVID WU FOR US CONGRESS</p> <p>Mailing Address 499 S Capitol St SW Ste 412</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBC6CCE33799E4771A11</p> <p>Date of Disbursement <div> <div>06</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>
<p>C. Full Name (Last, First, Middle Initial) Walden for Congress</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Greg Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF668C063F2F244D0804</p> <p>Date of Disbursement <div> <div>06</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>

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)

PAGE 49 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Dan Maffei

Mailing Address PO Box 74

City
Syracuse

State
NY

Zip Code
13214

Purpose of Disbursement

Candidate Name
Rep. Dan Maffei

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: BA537D35A00B040AEBE9

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John Salazar For Congress

Mailing Address PO Box 534

City
Pueblo

State
CO

Zip Code
81002

Purpose of Disbursement

Candidate Name
Rep. John T. Salazar

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 03

Transaction ID: B581DFDBC56134C2F905

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Carney For Congress

Mailing Address PO Box A

City
Clarks Summit

State
PA

Zip Code
18411

Purpose of Disbursement

Candidate Name
Rep. Christopher P. Carney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: B9F1C2C623A4B4C6383C

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

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)

PAGE 50 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Giffords For Congress	Transaction ID: B5281CC1E11FB49239F4 Date of Disbursement
Mailing Address 209 Pennsylvania Ave SE	<div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Gabrielle Giffords	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Levin For Congress Committee	Transaction ID: BD6B13C6B4ABF4F72975 Date of Disbursement
Mailing Address 230 N Levin	<div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Mt. Clements State MI Zip Code 48043	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Sandy M. Levin	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Perlmutter For Congress	Transaction ID: B2F1ED010B1DB4E39B52 Date of Disbursement
Mailing Address 3440 Youngsfield St #264	<div> <div>06</div> <div>23</div> <div>2010</div> </div>
City Wheat Ridge State CO Zip Code 80033	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Ed Perlmutter	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5000.00

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)

PAGE 51 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Richardson for Congress	Transaction ID: B7EFFE0D2B1D444078E7 Date of Disbursement
Mailing Address 1212 S Victory Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Laura Richardson	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BEN CARDIN FOR CONGRESS	Transaction ID: B024D079DB087457DAF6 Date of Disbursement
Mailing Address 38 Ivy St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON	Transaction ID: B96A29729062E4910831 Date of Disbursement
Mailing Address 3102 Maple Ave Ste 605	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Dallas State TX Zip Code 75201	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Eddie Bernice Johnson	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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)

PAGE 52 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Pennsylvanians for Kanjorwki

Mailing Address 103 S Hanover St

City
Nanticoke

State
PA

Zip Code
18634

Purpose of Disbursement

Candidate Name

Rep. Paul E. Kanjorski

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: BD0CC34AF6299416B8AE

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Latham for Congress

Mailing Address 217 3rd St SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Rep. Tom Latham

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 04

Transaction ID: B08E0244C7EF04099B4B

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Russ Carnahan For Congress Com

Mailing Address 7370 Manchester Rd
Ste 20

City
St Louis

State
MO

Zip Code
63143

Purpose of Disbursement

Candidate Name

Rep. Russ Carnahan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 03

Transaction ID: B480639DA5E7E44A9849

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 53 / 55

<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)
Bartlett for Congress Committee

Mailing Address PO BOx 245

City Middleton State MD Zip Code 21769

Purpose of Disbursement

Candidate Name
Rep. Roscoe G. BartlettCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Transaction ID: BFFBE005C16004C93915

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Langevin For Congress

Mailing Address 181 A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Candidate Name
Rep. James R. LangevinCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: BA398D28CAA9A44598E8

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Congressman Chris Smith

Mailing Address PO Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement

Candidate Name
Rep. Chris H. SmithCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 04

Transaction ID: B7A40183524BD449586A

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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)

PAGE 54 / 55

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Markey for Congress	Transaction ID: B0AB333AE734441C78C1 Date of Disbursement
Mailing Address PO Box 1333	<div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Ft Collins State CO Zip Code 80521	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Betsy Markey	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Harry Teague for Congress	Transaction ID: BFCE6804B8F1044FE8FD Date of Disbursement
Mailing Address PO Box 5153	<div> <div>06</div> <div>30</div> <div>2010</div> </div>
City Hobbs State NM Zip Code 88241	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Harry Teague	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Commi	Transaction ID: B84C69A347606481988D Date of Disbursement
Mailing Address 1533 Johnnys Way	<div> <div>06</div> <div>30</div> <div>2010</div> </div>
City West Chester State PA Zip Code 19382	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Jim W. Gerlach	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div>3000.00</div>
TOTAL This Period (last page this line number only)	<div>34500.00</div>

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 55 / 55

<input 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 checked="" 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)

Sherrie Faller

Mailing Address P o Box 51

City

Grand Cane

State

LA

Zip Code

71032

Purpose of Disbursement

was mistakenly sent to PAc rather than for membership to ANA

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: BBEFCC1334F3B4F9CB2E

Date of Disbursement

/ /

Amount of Each Disbursement this Period

274.00

SUBTOTAL of Disbursements This Page (optional)

274.00

TOTAL This Period (last page this line number only)

274.00