

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Nurses Association PAC

ADDRESS (number and street) 8515 Georgia Avenue

Check if different than previously reported. (ACC) Suite 400

Silver Spring MD 20910

2. **FEC IDENTIFICATION NUMBER ▼** C C00017525 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|-------------------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 02 / 01 / 2012 through M M / D D / Y Y Y Y Y Y 02 / 29 / 2012

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 Mrs. J Davis

Signature of Treasurer Mrs. J Davis *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 03 / 19 / 2012

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		108105.83
(b) Cash on Hand at Beginning of Reporting Period.....	91711.50	
(c) Total Receipts (from Line 19)	34593.61	58699.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	126305.11	166805.11
7. Total Disbursements (from Line 31).....	20750.00	61250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	105555.11	105555.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4890.00	5980.00
(ii) Unitemized	29703.61	52719.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34593.61	58699.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	34593.61	58699.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	34593.61	58699.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34593.61	58699.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	60500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	750.00	750.00
(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)).....	750.00	750.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20750.00	61250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20750.00	61250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	34593.61	58699.28
34. Total Contribution Refunds (from Line 28(d))	750.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33843.61	57949.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Cynthia C. Hughes
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Highland Ave
 City Barrington State RI Zip Code 02806-4748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAL STATE LA Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : AA012CC88A7C04ACAA8E
 Amount of Each Receipt this Period
 500.00

B. Lucinda G. LEPLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 SW 120th
 City Oklahoma City State OK Zip Code 73170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dr. Brian Lepley Occupation RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : AA85701CD5D5A4C78B62
 Amount of Each Receipt this Period
 240.00

C. MICHAEL L. JOHNSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 38109 Jim Owend Rd
 City Oak Grove State MO Zip Code 64075-8142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HCA Managed Care Services of Oklahoma Occupation Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : AB32F3879EB4B46E29E3
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	990.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. VALERIE L. BARFIELD
Full Name (Last, First, Middle Initial)

Mailing Address 1785 Cuba Millington Rd

City Millington State TN Zip Code 38053-5111

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

Name of Employer Self Employed Occupation NP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2012
Transaction ID : A85229034E9754C13869

Amount of Each Receipt this Period 250.00

B. Ms. Debora Beltzer-Harper
Full Name (Last, First, Middle Initial)

Mailing Address 15207 S. Cr 205

City Blair State OK Zip Code 73526

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

Name of Employer Southwest Technical College Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 09 / 2012
Transaction ID : A3AC521A1C8484020AD2

Amount of Each Receipt this Period 240.00

C. DEBRA A. HENDREN
Full Name (Last, First, Middle Initial)

Mailing Address 7441 Woodstock Cuba

City Millington State TN Zip Code 38053-6127

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

Name of Employer Family Healthcare Occupation Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2012
Transaction ID : AB2A8F69E8BD64B94898

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 740.00

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 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. LINDA J SHINN
Full Name (Last, First, Middle Initial)

Mailing Address 9584 Cadbury Circle

City Indianapolis State IN Zip Code 46260-1067

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

Name of Employer Concensus Magmt Group Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2012

Transaction ID : ACCA6E3C7FE534979AC7

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 640 Davis St #13

City San Francisco State CA Zip Code 94111-1947

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

Name of Employer University of California Occupation Director & Professor Emerita

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : A7F6C1324425F4923B01

Amount of Each Receipt this Period
 300.00

C. DONALD E. GEISLER
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 964

City Burns State OR Zip Code 97720-0964

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 M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012

Transaction ID : A46A507DB5C854C5D9C6

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Marla J. WESTON
Full Name (Last, First, Middle Initial)

Mailing Address 1126 25th St NW
Apt 4

City Washington State DC Zip Code 20037-1464

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

Name of Employer American Nurses Association Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 23 / 2012
Transaction ID : AF98D33FDDDE740FEAF2

Amount of Each Receipt this Period
500.00

B. Mrs. Nancy A. James
Full Name (Last, First, Middle Initial)

Mailing Address 402 Cottonwood St

City Creston State IA Zip Code 50801-1907

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

Name of Employer Southwestern College Occupation Educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
02 / 23 / 2012
Transaction ID : A0BC73CBE8F0C4C0FADD

Amount of Each Receipt this Period
120.00

C. AMY W. WOODS
Full Name (Last, First, Middle Initial)

Mailing Address 539 Lcw Ln

City Blacksburg State VA Zip Code 24060-0245

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

Name of Employer MONTGOMERY REGIONAL Occupation Nurse Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
02 / 23 / 2012
Transaction ID : A91A53021832E4F94B46

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 860.00

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 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)
A. Lynnda Newby

Mailing Address **PO Box 6848**

City **Moore** State **OK** Zip Code **73153**

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

Name of Employer **Information Requested** Occupation **Staff Nurse**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
02 / 24 / 2012
Transaction ID : AA70C3A89C781431F906

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Robert V. Piemonte

Mailing Address **76 W. 86th St Apt 2a**

City **New York** State **NY** Zip Code **10024-3649**

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

Name of Employer **NYSNA** Occupation **President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
02 / 27 / 2012
Transaction ID : A17380C18EF6241A2A77

Amount of Each Receipt this Period
250.00

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

Mailing Address **220 Chaparral Dr**

City **San Mateo** State **CA** Zip Code **94401**

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

Name of Employer **Feather River Hospital** Occupation **Health Policy Analyst**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
02 / 29 / 2012
Transaction ID : AE1EE4FB405FE4E07807

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).....▶	4890.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Betty Sutton For Congress

Mailing Address 1700 W Market St #155

City Akron State OH Zip Code 44313

Purpose of Disbursement

Candidate Name

Rep. Betty Sutton

Office Sought: House
 Senate
 President

State: OH District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : **B01E0A76C315C468EBC9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LOUISE SLAUGHTER RE ELECTION Committee

Mailing Address PO Box 366

City Fairport State NY Zip Code 14450

Purpose of Disbursement

Candidate Name

Rep. Louise M. Slaughter

Office Sought: House
 Senate
 President

State: NY District: 28

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : **BC047ACABAC80416CA2C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Rep. Greg Walden

Office Sought: House
 Senate
 President

State: OR District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : **BED33FAE7470845F3BB5**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. McCarthy for Congress

Mailing Address 213 Ashby St

City Alexandria State VA Zip Code 22305

Purpose of Disbursement

Candidate Name
Rep. Kevin McCarthy

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : B2905FDEF22884326814

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. KAPTUR FOR CONGRESS

Mailing Address PO Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement
void lost check issued 1/24/2012

Candidate Name
Rep. Marcy Kaptur

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2012

Transaction ID : B9185FB37395A41239DB

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. Courtney for Congress

Mailing Address 38 Risley Rd

City Vernon State CT Zip Code 06066

Purpose of Disbursement

Candidate Name
Rep. Joe Courtney

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : B25EE474FC3574503B15

Amount of Each Disbursement this Period

2500.00

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

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

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. FREDERICA S. WILSON FOR CONGRESS

Mailing Address 19821 NW 2ND AVENUE
BOX 354

City MIAMI GARDENS State FL Zip Code 33169

Purpose of Disbursement

Candidate Name

Rep. Frederica S. Wilson

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2012

Transaction ID : B56D4605B157048B8B4D

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. KAPTUR FOR CONGRESS

Mailing Address PO Box 899

City Toledo State OH Zip Code 43697

Purpose of Disbursement

Candidate Name

Rep. Marcy Kaptur

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2012

Transaction ID : B263CFE43E29148608B1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. STEVE ISRAEL FOR CONGRESS

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement

Candidate Name

Rep. Steve J. Israel

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2012

Transaction ID : B8FECA6F6B418484E925

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Kurt Schrader for Congress

Mailing Address 307 N Main St Ste 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

Candidate Name
Rep. Kurt Schrader

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2012

Transaction ID : **B6CCCA739CBA042D690F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
void check issued 9/21/2011. was lost in the mail

Candidate Name
Rep. John B. Larson

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2012

Transaction ID : **B785113C54D1245F7B28**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. Marcia Fudge for Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement

Candidate Name
Rep. Marcia L. Fudge

Office Sought: House
 Senate
 President
State: OH District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	15	/	2012

Transaction ID : **BB4548303D45A42C3BD1**

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. LARSON FOR CONGRESS

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Candidate Name
Rep. John B. Larson

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **B3170F52F802549D08C7**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 56234

Purpose of Disbursement

Candidate Name
Sen. Jon Tester

Office Sought: House
 Senate
 President
State: MT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **BE8EBE61F84CB43F2B01**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Whitehouse for Senate

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement

Candidate Name
Sen. Sheldon Whitehouse

Office Sought: House
 Senate
 President
State: RI District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **B3F90518790B74714998**

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. UPTON FOR ALL OF US

Mailing Address PO Box 490

City St Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name
Rep. Fred Upton

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : **B279F9878EC764D21979**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 217 3rd St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Rep. Patrick J. Tiberi

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2012

Transaction ID : **B34B432D7ED584E42897**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Rush Holt for Congress

Mailing Address PO Box 782

City Pennington State NJ Zip Code 08534

Purpose of Disbursement

Candidate Name
Rep. Rush D. Holt

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2012

Transaction ID : **BE24550A4AF0D4AAEA37**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. PELOSI FOR CONGRESS

Mailing Address 235 Montgomery St
Ste 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President
State: CA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : **BB4E96C1733854A8FA29**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian Bilbray for Congress

Mailing Address 970 Seacoast Dr #7

City Imperial Beach State CA Zip Code 91932

Purpose of Disbursement

Candidate Name

Rep. Brian P. Bilbray

Office Sought: House
 Senate
 President
State: CA District: 50

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : **B80B49A8B8622403D831**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Braley For Congress

Mailing Address 300 Walnut Ste 5

City Des Moines State IA Zip Code 50309

Purpose of Disbursement

Candidate Name

Rep. Bruce L. Braley

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : **B9CC14FDDE6FD4A1DB81**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

20000.00

