Image# 14940512135 PAGE 1 / 7

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
American Nurses Ass	ociation PAC		
ADDRESS (number and street)	8515 Georgia Avenue		
Check if different	Suite 400		
than previously reported. (ACC)	Silver Spring		MD 20910 - L
2. FEC IDENTIFICATION N	IUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00017525		IS THIS X NEW (N) C	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 ((Non-Election Year Only)
(a) Quarterly Reports:		r 20 (M3)	(Non-Election Year Only)
April 15 Quarterly Report (Q1)		
July 15 Quarterly Report ((c) 12-Day	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (·	<u> </u>	
January 31 Year-End Report (YE) Electi	ion on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)		ion on	in the State of
5. Covering Period 0	1 01 2014	through 02	
I certify that I have examined t	his Report and to the best of	f my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasur	er Jan C. Polizzi		
Signature of Treasurer Jan	C. Polizzi	[Electronically Filed]	Date 02 / 19 / 2014
NOTE: Submission of false, error	neous, or incomplete information	on may subject the person signi	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Nurses Association PAC 2014 01 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 78783.95 January 1, 2014 (b) Cash on Hand at 78783.95 Beginning of Reporting Period..... 12883.34 12883.34 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 91667.29 91667.29 6(a) and 6(c) for Column B)..... 414.16 414.16 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 91253.13 91253.13 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

A	KI	A	$ \sim $
American	Nurses	Association	PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees	275.00	875.00	
(i) Itemized (use Schedule A)	875.00	875.00	
(2) 11-21	40000 24	12008.34	
(ii) Unitemized	12008.34	12008.34	
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	12883.34	12883.34	
Lines Tr(a)(i) and (ii)	12000.07	, , , , ,	
(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)▶	12883.34	12883.34	
. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
. All Loans Received	0.00	0.00	
. All Loans neceived			
. Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures	7	7	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made		7	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
. Other Federal Receipts			
(Dividends, Interest, etc.)	0.00	0.00	
. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	7 - 7	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
	200		
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(c) Total Transfers (add To(a) and To(b))	0.00	0.00	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	12883.34	12883.34	
	7		
. Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	12883.34	12883.34	

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	
	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)			
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
(b)				
	Expenditures	0.00	0.00	
(c)	1 3 1	0.00	0.00	
2 Tr:	(add 21(a)(i), (a)(ii), and (b))▶ ansfers to Affiliated/Other Party	0.00	0.00	
	ommittees	0.00	0.00	
	ontributions to deral Candidates/Committees			
an	d Other Political Committees	0.00	0.00	
	dependent Expenditures	0.00	0.00	
o. Cc	se Schedule E)			
(2 (us	U.S.C. §441a(d)) se Schedule F)	0.00	0.00	
,				
6. Lo	an Repayments Made	0.00	0.00	
7 I.o	ans Made	0.00	0.00	
B. Re	efunds of Contributions To:			
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00	
(b)		0.00	0.00	
(c)	Other Political Committees (such as PACs)	0.00	0.00	
	(3001 43 1 703)	3.00	7	
(d)	Total Contribution Refunds			
	(add Lines 28(a), (b), and (c)) ▶	0.00	0.00	
9. Ot	her Disbursements	44446	414.16	
). Ot	ner Dispursements	414.16	414.10	
). Fe	deral Election Activity (2 U.S.C. §431(20))			
(a)	Allocated Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share	0.00	5.00	
	(ii) "Levin" Share	0.00	0.00	
(b)	Federal Election Activity Paid Entirely			
	With Federal Funds	0.00	0.00	
(c)	- 1	0.00	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00	
. To	tal Disbursements (add Lines 21(c), 22,			
	, 24, 25, 26, 27, 28(d), 29 and 30(c))	414.16	414.16	
	tal Federal Disbursements			
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	444.46	444.46	
tro	m Line 31)	414.16	414.16	

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12883.34	12883.34
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12883.34	12883.34
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
S. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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 Full Name (Last, First, Middle Initial) DIANA L. TAYLOR Date of Receipt Mailing Address 640 Davis St Unit 13 06 2014 City Zip Code State Transaction ID: AFE77FD983ABB425F9E2 CA San Francisco 94111-1947 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Director & Professor Emerita University of California Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Judith C. Wiley Date of Receipt Mailing Address 187 S York St Unit E 01 27 2014 City State Zip Code Transaction ID: AA33F8271DA2B4199B5F IL **Elmhurst** 60126-3460 Amount of Each Receipt this Period FEC ID number of contributing C 475.00 federal political committee. Name of Employer Occupation Rush Presbyterian St Luke's Med Center Nurse Anesthetist Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Linda A Yonkin Date of Receipt Mailing Address 4 Willow Dr 01 21 2014 City Zip Code State Transaction ID: A3DCC8EC2B20C43E3AB8 NY Painted Post 14870-9301 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation Information Requested RN Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional)..... 875.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 7 OF 7			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c X 29 30b	
Any information copied from such Reports and Staten	ents may not be sold or used				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
American Nurses Association PAC					
Full Name (Last, First, Middle Initial)			5 . (5)		
A. Audit Adjustment			Date of Disbursem	ent / Y Y Y Y Y	
Mailing Address 8515 Georgia Ave			01 31 2014		
Ste 400					
•	State Zip Code MD 20910-3492		Transaction ID :	B4FB20D2DC6684934B09	
Purpose of Disbursement	20010 0402				
Adjustment due to internal audit.			Amount of Each D	isbursement this Period	
Candidate Name		Category/		414.16	
Office Sought: House Disbursen	nent For: 2013	Туре			
	Primary General				
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) B.			Date of Disbursem	ent	
5 .			M M / D D	/ Y Y Y Y	
Mailing Address					
City	State Zip Code				
Oity	state Zip Gode				
Purpose of Disbursement	1				
Candidate Name			Amount of Each Disbursement this Period		
Sandado Nano		Category/ Type			
Office Sought: House Disbursen	nent For:	71	,	,	
	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursem	ent	
		M M / D D	/ Y Y Y Y Y		
Mailing Address				-	
City	State Zip Code				
Purpose of Disbursement	T-				
			Amount of Each Disbursement this Period		
Candidate Name Category/ Type					
Office Sought: House Disbursen	nent For:	.,,,,			
	Primary General				
	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				414.16	
COSTOTAL OF BIODUISCHICHES THIS Fage (optional)					
TOTAL This Period (last page this line number only)				414.16	