

**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

Suite 400

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 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  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
10 31 2013

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 Jan C. POLIZZI

Signature of Treasurer

Jan C. POLIZZI

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 18 2013

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)

Page 2

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y Y 10 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2013		43885.93
(b) Cash on Hand at Beginning of Reporting Period.....	87552.95	
(c) Total Receipts (from Line 19) .....	15077.44	234614.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	102630.39	278500.47
7. Total Disbursements (from Line 31) .....	16500.00	192370.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	86130.39	86130.39
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2013

To:

M M	/	D D	/	Y Y Y Y
10		31		2013

**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).....

1148.15

51674.89

(ii) Unitemized .....

13929.29

182939.65

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

15077.44

234614.54

(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) .....

15077.44

234614.54

## 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))..... ▶

15077.44

234614.54

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

15077.44

234614.54

# **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.....	16500.00	184338.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	8032.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	8032.08
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)) ..	16500.00	192370.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	192370.08

**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) .....	15077.44	234614.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	8032.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15077.44	226582.46
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 PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 16

<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**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy M. Daniels**

Mailing Address 3142 Satellite Dr

City

San Antonio

State

TX

Zip Code

78217-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alamo Mental Health Group

Occupation

Psychiatric Clinical Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	06	/	2013

**Transaction ID : ADFF4298AD45E4C4288B**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Hope Ekwueme**

Mailing Address 2304 Belfry Ct

City

Arlington

State

TX

Zip Code

76011-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TX Health Resource

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	16	/	2013

**Transaction ID : AED006D714E874C4784B**

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

**C. Dr. Debbie D. Hatmaker**Mailing Address American Nurses Association  
8515 Georgia Ave.

City

Silver Spring

State

MD

Zip Code

20910-3492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Nurses Assn

Occupation

Chief Professional Practice Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	14	/	2013

**Transaction ID : AB888D39289BA4887820**

Amount of Each Receipt this Period

90.00

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

391.00

**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 16

☒ 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. Judith Huntington**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 07 / 2013

**Transaction ID : AED59DFC15F4C407A837**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Tamara Irby**

Mailing Address 5454 Cold Springs Rd

City

State

Zip Code

Raphine

VA

24472-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Augusta Health

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

10 / 09 / 2013

**Transaction ID : A08B702685BF04283B27**

Amount of Each Receipt this Period

248.00

Full Name (Last, First, Middle Initial)

**C. Carolyn Krause**

Mailing Address 4523 N. Oakland Ave  
301

City

State

Zip Code

Milwaukee

WI

53211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Meriter Hospital

RN ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.80

Date of Receipt

10 / 14 / 2013

**Transaction ID : ACEFEA48DCE3B411F80B**

Amount of Each Receipt this Period

2.08

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

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

500.08

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

☒ 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. Dr. SHIRLEY M. Morrison**

Mailing Address 1634 Aspen Grove Dr

City

Houston

State

TX

Zip Code

77077-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Md Anderson

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

10 / 04 / 2013

**Transaction ID : A3F308CE5956047FF85F**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mrs. Donna Orlando**

Mailing Address 1538 S Medio River Cir

City

Sugar Land

State

TX

Zip Code

77478-5313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Orthopedic Hospital

Occupation

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2013

**Transaction ID : A479584CBAD2548E281A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Ms. Gayle M. Peterson**

Mailing Address 20 Sargent St

City

Melrose

State

MA

Zip Code

02176-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MGH

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

10 / 06 / 2013

**Transaction ID : A6BBDC97F65104D91A80**

Amount of Each Receipt this Period

41.66

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

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

144.99



# **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 9 OF 16

☒ 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. GAIL PRUETT**

Mailing Address 2648 Burton Rd

City State Zip Code  
Durham NC 27704-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 14 / 2013

**Transaction ID : AC37E5358D4454686AF6**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Dr. Laura N Sidlinger**

Mailing Address 5703 SW 33rd Ct

City State Zip Code  
Topeka KS 66614-4564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washburn University

Occupation

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.80

Date of Receipt

10 / 01 / 2013

**Transaction ID : A50A18985669D46D283A**

Amount of Each Receipt this Period

2.08

Full Name (Last, First, Middle Initial)

## **C. Ms. BARBARA STONE**

Mailing Address PO Box 757  
5275 Show Low Lake Road

City State Zip Code  
Lakeside AZ 85929-0757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMMUNITY COUNSELING CENT

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 01 / 2013

**Transaction ID : A77A6D329B0B44B2DBCA**

Amount of Each Receipt this Period

50.00

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

62.08

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

☒ 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. Margarete Lieb Zalon**

Mailing Address 128 Savage Rd

City

State

Zip Code

Waymart

PA

18472-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of S Alabama

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2013

**Transaction ID : A52424392B8754BB9A3C**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

50.00

1148.15

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

American Nurses Association PAC

1000.00

Category/  
Type

State: OR District: 03

1500.00

Category/  
Type

State: OR District: 01

Three digital displays showing the date 10/30/2013 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '30' with 'D' indicators above it. The third display shows '2013' with 'Y' indicators above it.

4000.00

Category/  
Type

State: CA District: 24

6500.00

**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 12 OF 16

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

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Mary Landrieu Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address 10 G St NE, Ste 460

City	State	Zip Code
Washington	DC	20002-4298

Purpose of Disbursement  
Redesignation of \$500 on 6/2/2010

Candidate Name

**Sen. Mary L. Landrieu**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

**Transaction ID : B5AA632419E784AE784A**

Amount of Each Disbursement this Period

500.00
--------

**[MEMO ITEM]**

Redesignation of \$500 on 6/2/2010

Full Name (Last, First, Middle Initial)

**B. Friends Of Mary Landrieu Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address 10 G St NE, Ste 460

City	State	Zip Code
Washington	DC	20002-4298

Purpose of Disbursement  
Original recorded disbursement of \$1000 on 3/10/2010

Candidate Name

**Sen. Mary L. Landrieu**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

**Transaction ID : BAB4549C18D3C426AB87**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Original recorded disbursement of \$1000 on 3/10/2010

Full Name (Last, First, Middle Initial)

**C. Friends Of Mary Landrieu Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address 10 G St NE, Ste 460

City	State	Zip Code
Washington	DC	20002-4298

Purpose of Disbursement  
Redesignation of 3/10/2010 for \$1000

Candidate Name

**Sen. Mary L. Landrieu**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

**Transaction ID : B1D2D21A8CE574EB59E6**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Redesignation of 3/10/2010 for \$1000

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**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 13 OF 16

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

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Mary Landrieu Inc**

Mailing Address 10 G St NE, Ste 460

City Washington	State DC	Zip Code 20002-4298
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Purpose of Disbursement  
Original recorded disbursment of \$500 on 6/2/2010

Candidate Name

**Sen. Mary L. Landrieu**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2013

**Transaction ID : BAAAE37E8E12245A5B34**

Amount of Each Disbursement this Period

500.00
--------

**[MEMO ITEM]**

Original recorded disbursment of \$500 on 6/2/2010

Full Name (Last, First, Middle Initial)

**B. HOYER FOR CONGRESS COMMITTEE**

Mailing Address 7095 Malcolm Rd Ste 102

City Clinton	State MD	Zip Code 20735
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Purpose of Disbursement

Candidate Name

**Rep. Steny H. Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2013

**Transaction ID : BA032F1637BA14CA09F7**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jeff Merkley for Senate**Mailing Address 888 16th St NW  
Ste 570A

City Washington	State DC	Zip Code 20006
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Purpose of Disbursement

Candidate Name

**Sen. Jeff A. Merkley**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

**Transaction ID : B3D15699C45B84A56A46**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. Jeff Merkley for Senate**Mailing Address 888 16th St NW  
Ste 570A

City Washington State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

**Sen. Jeff A. Merkley**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2013

**Transaction ID : BA9A2DE969FA641B5B51**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Mailing Address 55 W Monroe Ste 940

City Chicago State IL Zip Code 60603-5141

Purpose of Disbursement  
void check #1541. Was lost in the mail and did not get to campaign.

Candidate Name

**Sen. Mark Steven Kirk**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : B212E4EDE34994639B0A**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**C. 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  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2013

**Transaction ID : BE71B0E10D55541ADBE9**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)**  
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<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. New Democrat Coalition PAC**

Mailing Address 315 C St SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Void.Check #1542 lost in mail, not received by campaign

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2013

**Transaction ID : B282E43E73E214AFE94C**

Amount of Each Disbursement this Period

-2500.00
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Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition PAC**

Mailing Address 315 C St SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

**Transaction ID : BB526FB3F3AAB4B1AAD0**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

Candidate Name

**Rep. Frank Pallone Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2013

**Transaction ID : B3599CCD5FCFB41F0851**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00
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**SCHEDULE B (FEC Form 3X)**  
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PAGE 16 OF 16

<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
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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Rush Holt for Congress**

Mailing Address PO Box 782

City	State	Zip Code
Pennington	NJ	08534

Purpose of Disbursement

Candidate Name

**Rep. Rush D. Holt**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 12

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2013

**Transaction ID : BED7B7667ABF94F02851**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. Simpson For Congress**

Mailing Address 1487 Parkway Dr

City	State	Zip Code
Blackfoot	ID	83221

Purpose of Disbursement

Candidate Name

**Rep. Mike Simpson**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: ID District: 02

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2013

**Transaction ID : B55EF0E83E0CA4080A14**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2000.00
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16500.00
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