

**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 (12G)

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

03

01

2011

through

03

31

2011

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

05

18

2011

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
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	29737.49
(b) Cash on Hand at Beginning of Reporting Period	38247.98	
(c) Total Receipts (from Line 19)	51381.09	82169.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89629.07	111907.07
7. Total Disbursements (from Line 31)	34000.00	56278.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55629.07	55629.07
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)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	8182.50	10060.50
(ii) Unitemized	43196.03	72102.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	51378.53	82162.67
(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)	51378.53	82162.67
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.)	2.56	6.91
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))	51381.09	82169.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51381.09	82169.58

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	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.....	34000.00	56000.00	
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	0.00	278.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	278.00	
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))..	34000.00	56278.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34000.00	56278.00	

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)	51378.53	82162.67
34. Total Contribution Refunds (from Line 28(d))	0.00	278.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51378.53	81884.67
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: PAGE 6 / 24

(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)

Dr. ANNE M. MCNAMARA

Mailing Address 6511 N. Maryland Cir

City

Phoenix

State

AZ

Zip Code

85013-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRAND CANYON UNIVOccupation
Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Transaction ID: AF4B7478CC37740958A0

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Donna L. Dolinar

Mailing Address 220 Chaparral Dr

City

Paradise

State

CA

Zip Code

95969-6149

FEC ID number of contributing
federal political committee.

C

Name of Employer
CALIFORNIA NURSES ASSOCIA-
TIONOccupation
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	3		0	7		2	0	1	1

Transaction ID: A35FBE4E57FCB445FA2D

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ola Greene

Mailing Address PO Box 937

City

Hemphill

State

TX

Zip Code

75948-0937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Transaction ID: AD4DFA02545C44C819FE

Amount of Each Receipt this Period

312.50

SUBTOTAL of Receipts This Page (optional)

1062.50

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 / 24

(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 BETH MATHEWS

Mailing Address 5405 Linnville Rd

City

Newark

State

OH

Zip Code

43056

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF HARTFORDOccupation
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	3	/	0	7	/	2	0	1	1

Transaction ID: A68A81479356848C6AD1

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ELLEN M SANDERS

Mailing Address 654 Boca Marina Ct

City

Boca Raton

State

FL

Zip Code

33487-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Healthcare Ser-
vices, IncOccupation
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	3	/	0	9	/	2	0	1	1

Transaction ID: A2C245794635F458CAFF

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

KAREN S. COX

Mailing Address 4929 Westwood Rd

City

Kansas City

State

MO

Zip Code

64112-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children Mercy HospitalOccupation
Exec Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A9F9C4ECE853E4194A75

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 8 / 24

☒ 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)

A. Jonathan Stump

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: AB458A4D85A2F4B96AEE

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bonnie L. Faherty

Mailing Address 18175 Andrea Circle N#4

City

Northridge

State

CA

Zip Code

91325-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Professor Emerita

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AB5D5B3F1693B4B0084F

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
CHEIF PROGRAMS OFFICER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 1

Transaction ID: A5891440CDBCC47E3939

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 9 / 24

(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)

FRANCES M. EDWARDS

Mailing Address 50 Concord Park E.

City

Nashville

State

TN

Zip Code

37205-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 1

Transaction ID: A87C435CAECB9447DAB7

Amount of Each Receipt this Period

500.00

B.

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 3 / 1 8 / 2 0 1 1

Transaction ID: AA7745DA4257B44E9A09

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SANDRA M. OHMAN

Mailing Address 7740 Camino Real Apt G-107

City

Miami

State

FL

Zip Code

33143-7160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Va;Veterans Adminis-
tration

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: A1DF6B3815F834288BFB

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1400.00

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 / 24

(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)

Thelma Haydon

Mailing Address 350 Ponca Place # 379

City

Boulder

State

CO

Zip Code

80303-3881

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 3 / 2 1 / 2 0 1 1

Transaction ID: AEB63B2958F9043C3B31

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Barbara A. Blakeney

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 3 / 2 1 / 2 0 1 1

Transaction ID: A2B00306808DA49DEB8D

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRIGITTE FAILNER

Mailing Address 10633 Kinnard Ave #4

City

Los Angeles

State

CA

Zip Code

90024-5923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar-Sinai Medical Center

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 3 / 2 1 / 2 0 1 1

Transaction ID: A255E4B376B2B45899CE

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 24

(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)
DONALD E. GEISLER

Mailing Address PO Box 964

City State Zip Code
Burns OR 97720-0964

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Charles - Redmond (fo-
rmerly Codh)

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 3 / 2 2 / 2 0 1 1

Transaction ID: A2CF2E1B480A644C68E5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
CHRISTINA GERARDI

Mailing Address 2 Hungerford Rd

City State Zip Code
Albany NY 12203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ny State Nurses Associati

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 3 / 2 2 / 2 0 1 1

Transaction ID: A523F025A614A416987C

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Lois Ann STAPLETON

Mailing Address 3 Deep Run Ct

City State Zip Code
Morganville NJ 07751-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phoenix Health Care

Occupation
ACUTE CARE NURSE PRACTITI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: A15AD400EAD6D41BEA75

Amount of Each Receipt this Period

50.00

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 12 / 24

(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)

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

Nurse Researcher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: A238757623372494B898

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Patricia M Neilson

Mailing Address 1321 SW Hutchins St

City

Port Saint Lucie

State

FL

Zip Code

34983-3043

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: A998D22CC312947DB8F3

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Judy M. Burch

Mailing Address 505 Cathedral St

City

Baltimore

State

MD

Zip Code

21201-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Family Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: AD8D16DCDB3BB4E65A4F

Amount of Each Receipt this Period

250.00

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 13 / 24

(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)

Rebecca BOWERS 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 UniversityOccupation
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	3	/	2	9	/	2	0	1	1

Transaction ID: AE4AF97F77EDB40E698B

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL WILLIAMS

Mailing Address 108 Dayton Dr

City

Southington

State

CT

Zip Code

06489-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Connecticut State
UnivOccupation
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	3	/	3	0	/	2	0	1	1

Transaction ID: A37F51BE3C1C6437BA6C

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHERYL K. SCHMIDT

Mailing Address 320 West Cross St

City

Benton

State

AR

Zip Code

72015-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAMS College of Nrsng @
HopeOccupation
Clinical Assistant Profes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: A458505A1F9F440D7A4E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

8182.50

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

American Nurses Association PAC

2500.00

1000.00

-1000.00

FEC Schedule B (Form 3X) (Revised 02/2003)

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 15 / 24

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Friends of Dave Reichert Mailing Address PO Box 53322	Transaction ID: B547ED6B921034848947 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 9 / 2 0 1 1</div> </div>
City Bellevue State WA Zip Code 98015 Purpose of Disbursement <div>Category/Type</div> Candidate Name Rep. Dave G. Reichert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: WA District: 08 <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1000.00</div>
B. Full Name (Last, First, Middle Initial) Schakowsky for Congress Mailing Address PO Box 5130 City Evanston State IL Zip Code 60204 Purpose of Disbursement <div>Category/Type</div> Candidate Name Rep. Jan D. Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: IL District: 09 <input type="checkbox"/> Other (specify) ▼	Transaction ID: B897898E6121646D08F8 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 9 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) FRIENDS OF SAM FARR Mailing Address 555 Capitol Mall Ste 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement <div>Category/Type</div> Candidate Name Rep. Sam Farr Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CA District: 17 <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE7EAECB41B0F46E4AFC Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>

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 16 / 24

<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) Latta for Congress</p> <p>Mailing Address PO Box 106</p> <p>City Bowling Green State OH Zip Code 43402</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Bob E. Latta</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCC4F66EEEA764E018E8</p> <p>Date of Disbursement 03 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Karen Bass for Congress</p> <p>Mailing Address 777 S Figueroa St Ste 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Karen Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8A945845B073452B81F</p> <p>Date of Disbursement 03 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN</p> <p>Mailing Address PO Box 1949</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Dick J. Durbin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB1A9889A342B49F0976</p> <p>Date of Disbursement 03 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)

3500.00

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 17 / 24

<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) McNerney for Congress	Transaction ID: B6DA1973B01944831ADF Date of Disbursement																				
Mailing Address 5429 Madison Ave	<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>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	9		2	0	1	1												
City Sacramento State CA Zip Code 95840	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. Jerry McNerney	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Simpson For Congress	Transaction ID: B57349E331C874DD7913 Date of Disbursement																				
Mailing Address 1487 Parkway Dr	<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>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	1												
City Blackfoot State ID Zip Code 83221	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. Mike K. Simpson	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY	Transaction ID: BC88F1144463C45D7BE3 Date of Disbursement																				
Mailing Address 151 Linden Rd	<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>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Mineola State NY Zip Code 11501	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. Carolyn McCarthy	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 24

<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.</p> <p>Full Name (Last, First, Middle Initial) Russ Carnahan For Congress Com</p> <p>Mailing Address 7370 Manchester Rd Ste 20</p> <p>City St Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Russ Carnahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD6DE81F4648B46FB826</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends Of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B411BD156716141B090C</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers for Congress</p> <p>Mailing Address PO Box 137</p> <p>City Spokane State WA Zip Code 99201</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Cathy McMorris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 05</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE360BDD474EE4746906</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></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 PageFOR LINE NUMBER:
(check only one)

PAGE 19 / 24

<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) Loeb sack for Congress	Transaction ID: BB2C0AEFBE24B417589A Date of Disbursement																				
Mailing Address PO Box 1457	<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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
City Iowa City State IA Zip Code 52244	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. Dave Loeb sack	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Courtney for Congress	Transaction ID: B3A15D6FFBD7E429BA11 Date of Disbursement																				
Mailing Address 38 Risley Rd	<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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
City Vernon State CT Zip Code 06066	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. Joe Courtney	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Citizens For Rush	Transaction ID: BE0D16C89F67240989D6 Date of Disbursement																				
Mailing Address PO Box 7292	<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>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Chicago State IL Zip Code 60680	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. Bobby L. Rush	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 24

☐ 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)
JOHN LEWIS FOR CONGRESS COMMITTEE

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement

Candidate Name
Rep. John Lewis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2011
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: B70DC1B77832B43919B6

Date of Disbursement

03 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN CONYERS

Mailing Address 5 Rosecraft Dr

City Fredricksburg State VA Zip Code 22407

Purpose of Disbursement

Candidate Name
Rep. John Conyers, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2011
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 14

Transaction ID: BD583DACFD713408BACF

Date of Disbursement

03 / 09 / 2011

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Kirk for Senate

Mailing Address PO Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

Candidate Name
Sen. Mark Steven Kirk, III

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Transaction ID: B258349151D9E4BDBA5F

Date of Disbursement

03 / 02 / 2011

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)

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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

A. Full Name (Last, First, Middle Initial) Hanabusa 2010	Transaction ID: B4F3FF1C838E84796970 Date of Disbursement																				
Mailing Address PO Box 1416	<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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
City Honolulu State HI Zip Code 96806	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. Colleen Hanabusa	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ben Nelson for US Senate Committee	Transaction ID: B12319CD88ED94138931 Date of Disbursement																				
Mailing Address PO Box 8666	<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>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Omaha State NE Zip Code 68108	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 Sen. Ben Nelson	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE 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) FRIENDS OF LOIS CAPPS	Transaction ID: B7CCCBCE79E9744B7B4B Date of Disbursement																				
Mailing Address PO BOX 23940	<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>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	9		2	0	1	1												
City Santa Barbara State CA Zip Code 93121	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. Lois Capps	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181 A Knight St</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. James R. Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: RI District: 02</p>	<p>Transaction ID: B7805CE760A794002968</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1000.00</div> </div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE</p> <p>Mailing Address 205 S 5th Ave Ste 428</p> <p>City LaCrosse State WI Zip Code 54601</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WI District: 03</p>	<p>Transaction ID: B7B619BDE923F495685F</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 9 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1000.00</div> </div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 NE Holladay Ste 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OR District: 03</p>	<p>Transaction ID: BE8641695DC334E7781D</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1000.00</div> </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**

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FOR LINE NUMBER:
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☐ 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)

LOBIONDO FOR CONGRESS

Mailing Address 1707 Prince St #5

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

Candidate Name

Rep. Frank A. LoBiondo

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 02

Transaction ID: BFA05CD99B95F4759B75

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Hansen Clarke for Congress

Mailing Address 1448 Woddward Ave #305

City
Detroit

State
MI

Zip Code
48226

Purpose of Disbursement

Candidate Name

Rep. Hansen Clarke

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2011

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 13

Transaction ID: BABDCE03D5E594F3FB5F

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

A Whole Lot of People for Grijalva Congressional Committee

Mailing Address PO Box 1242

City
Tucson

State
AZ

Zip Code
85702

Purpose of Disbursement

Candidate Name

Rep. Raul M. Grijalva

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 07

Transaction ID: BA8555FFF40694B83B93

Date of Disbursement

/ /

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)

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☐ 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) Kirk for Senate	Transaction ID: B616309537A5A4A1D874 Date of Disbursement
Mailing Address PO Box 8	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 1 1</div> </div>
City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
Purpose of Disbursement void check 1/26. Was lost in mail	<div>-1000.00</div>
Candidate Name Sen. Mark Steven Kirk, III	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	
B. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs	Transaction ID: BEC61A93DDD6448538F0 Date of Disbursement
Mailing Address PO BOx 23940	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 1</div> </div>
City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>4000.00</div>
Candidate Name Rep. Lois Capps	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23	
C. Full Name (Last, First, Middle Initial) Kurt Schrader for Congress	Transaction ID: B66AB3A5C73DD425FA82 Date of Disbursement
Mailing Address 307 N Main St Ste 240	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 1</div> </div>
City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Kurt Schrader	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 05	

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

34000.00