

**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
05 01 2014

through

M M M / D D D / Y Y Y Y Y Y
05 31 2014

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
06 17 2014

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
05		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
05		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2014</div></div>		<div><div></div><div>78783.95</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>141342.10</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>34652.64</div></div>	<div><div></div><div>154899.95</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>175994.74</div></div>	<div><div></div><div>233683.90</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>60750.00</div></div>	<div><div></div><div>118439.16</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>115244.74</div></div>	<div><div></div><div>115244.74</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



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
05 / 01 / 2014

To:

M M / D D / Y Y Y Y
05 / 31 / 2014
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).....

9240.82

35449.97

(ii) Unitemized

25411.82

119449.98

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

34652.64

154899.95

(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) ▶

34652.64

154899.95

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))..... ▶

34652.64

154899.95

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

34652.64

154899.95

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.....	60750.00	118000.00
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	25.00
(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	25.00
29. Other Disbursements	0.00	414.16
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)) ..	60750.00	118439.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60750.00	118439.16

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)	34652.64	154899.95
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34652.64	154874.95
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 OF 26
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Virginia T. Betts

Mailing Address 425 5th Ave N

City

Nashville

State

TN

Zip Code

37243-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer

TN Dept of Mental Health & Devel Disab

Occupation

Commission of Mental Health

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2014

Transaction ID : A09A79E4B74444210855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sandra J. Bonstelle

Mailing Address 3437 E Dunlap Ave

City

Phoenix

State

AZ

Zip Code

85028-4979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2014

Transaction ID : A75F387429D074375902

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Patricia W. Clausen

Mailing Address 10725 Bucknell Dr

City

Silver Spring

State

MD

Zip Code

20902-4362

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOBILE MEDICAL

Occupation

NURSE PRACTIONER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : AB4B8FED5C3064FB9894

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Thomas Ray Coe

Mailing Address 4110 Osco Williams Dr

City

State

Zip Code

Pall Mall

TN

38577-4054

FEC ID number of contributing
federal political committee.

C

Name of Employer

William US Army Beaumont Medical Ctr

Occupation

Transition Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2014

Transaction ID : A27F55BDEDB224493B8E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. June Como

Mailing Address 53 Fort Hill Circle

City

State

Zip Code

Staten Island

NY

10301-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

College of Staten Island

Occupation

RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

620.00

Date of Receipt

05 / 01 / 2014

Transaction ID : A909DB34263574CF2AF7

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. Barbara Thoman Thoman Curtis

Mailing Address 1000 Saint Georges Rd Apt 101 A

City

State

Zip Code

Ormond Beach

FL

32174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 30 / 2014

Transaction ID : A0CC50BA7B45F46D2B87

Amount of Each Receipt this Period

250.00

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

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

870.00

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

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

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. 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 ▼

500.00

Date of Receipt

05 / 09 / 2014

Transaction ID : AE0ACA102A17D498097F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. 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

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 06 / 2014

Transaction ID : AB44E8F8D955441B6A90

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gail Esparza

Mailing Address 1626 S 11th St

City

Saint Louis

State

MO

Zip Code

63104-3741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 18 / 2014

Transaction ID : AB63817EF1BD545E398F

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Elsa M. Francisco

Mailing Address 2440 Rollingwood Dr

City State Zip Code
Salem VA 24153-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Va Medical Center

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 03 / 2014

Transaction ID : AF89D051511E14E2598C

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Barbara A. Gessner

Mailing Address 3405 Bluff St

City State Zip Code
Madison WI 53705-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2014

Transaction ID : A6F355C46DEAE4A89B40

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Linda M. Gural

Mailing Address 93 Dickinson Ave

City State Zip Code
Toms River NJ 08753-6773

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMM MED CTR

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.80

Date of Receipt

05 / 08 / 2014

Transaction ID : ACC513C0BCDD14DE29BC

Amount of Each Receipt this Period

54.16

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

424.16

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Faith M. Jones

Mailing Address 476 N Douglas St

City

Powell

State

WY

Zip Code

82435-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consultant

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2014

Transaction ID : A83B23E8C2B3544FCAC9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeanette F. Kissinger

Mailing Address 2312 ROCKY POINT PKWY

City

RICHMOND

State

VA

Zip Code

23238-3642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cross Over Health Care Ministry

Occupation

Professor Emeritus C-ANP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 01 / 2014

Transaction ID : A835DD58C0B134CB5A72

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Sara Mccumber

Mailing Address 2004 Lackawanna Ave

City

Superior

State

WI

Zip Code

54880-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duluth Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A0D3CED911A7B49B5BE3

Amount of Each Receipt this Period

500.00

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

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

950.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dorothy M. Meehan

Mailing Address 7855 Blvd East Apt 16j

City

North Bergen

State

NJ

Zip Code

07047-5931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Englewood Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 02 / 2014

Transaction ID : A589DF2404EC04673904

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

416.65

Date of Receipt

05 / 04 / 2014

Transaction ID : ADC64B34C40BD48A6A13

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Gewreka L. Nobles

Mailing Address 7111 Rockridge Rd

City

Pikesville

State

MD

Zip Code

21207-4638

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMMUNITY COLLEGE

Occupation

Gewreka L. Nobles

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 23 / 2014

Transaction ID : A026D474A72E14B5D962

Amount of Each Receipt this Period

400.00

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

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

733.33

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Rebecca M. Patton

Mailing Address 2382 Woodward Ave

City

Lakewood

State

OH

Zip Code

44107-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY HOSP

Occupation

Atkinson Scholar in Perioperative Nurs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : ABD84F17097B74B67B49

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jo Anne Penn

Mailing Address 208 K Ct

City

Seaside Park

State

NJ

Zip Code

08752-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Messina Pediatrics

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 05 / 2014

Transaction ID : A5D76C914065C465DB1E

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

c. Jan C. Polizzi

Mailing Address 5953 Shortleaf Ct

City

Saint Louis

State

MO

Zip Code

63128-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 09 / 2014

Transaction ID : A4C4BF99F9376449CBD5

Amount of Each Receipt this Period

83.33

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

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

1433.33

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 13 OF 26

☒ 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. Thomas R. Porter

Mailing Address 2302 11th St

City

Monroe

State

WI

Zip Code

53566-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLACKHAWK TECHNICAL COLLEGE

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 12 / 2014

Transaction ID : A8243C760B60D49D699F

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph Potts

Mailing Address 3131 N. Druid Hills Rd Apt 3105

City

Decatur

State

GA

Zip Code

30033-2657

FEC ID number of contributing
federal political committee.

C

Name of Employer

NSNA

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 16 / 2014

Transaction ID : A23D07B38404E4777B87

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Clare Poulouse

Mailing Address 1317 Summit Ave

City

Saint Paul

State

MN

Zip Code

55105-2602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miscellaneous

Occupation

Clinical Nurse Specialist Oncology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 23 / 2014

Transaction ID : A730D85D9927B408A992

Amount of Each Receipt this Period

100.00

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

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

570.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 26

☒ 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. Stephen Rooney

Mailing Address 63035 Carnelian Ln

City

State

Zip Code

Bend

OR

97701-9015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ST. CHARLES MED CTR

Staff Nurse

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 14 / 2014

Transaction ID : A4B49B620683B49DF8B8

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ellen M Sanders

Mailing Address 654 Boca Marina Ct

City

State

Zip Code

Boca Raton

FL

33487-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Innovative Healthcare Services, Inc

RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2014

Transaction ID : A719E9D554A3A41589E9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ms. Cheryl K. Schmidt

Mailing Address 320 W Cross St

City

State

Zip Code

Benton

AR

72015-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UAMS College of Nrsng @ Hope

Associate Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 01 / 2014

Transaction ID : A816A36BF39BB4988A91

Amount of Each Receipt this Period

500.00

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

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

1350.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 26

☒ 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. Muriel Softli

Mailing Address 7333 Seward Park Ave S

City
Seattle

State
WA

Zip Code
98118-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seattle School District

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 17 / 2014

Transaction ID : AFE491CC4DA2B43B4A0E

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Diana K Sullivan

Mailing Address 655 Covered Bridge Rd

City
Greenwood

State
IN

Zip Code
46142-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University

Occupation
Chief Nursing Officer or Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 15 / 2014

Transaction ID : A0792AE59BA774C2FBE2

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Sylvia Weber

Mailing Address 84 Shaw Ave.

City
Cranston

State
RI

Zip Code
02905-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Miriam Hosp

Occupation
Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

05 / 27 / 2014

Transaction ID : A0A9DB3311A974F81A21

Amount of Each Receipt this Period

60.00

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

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

310.00

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

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Teresa A Wehrwein

Mailing Address 2746 Stoodleigh Dr

City

Rochester Hills

State

MI

Zip Code

48309-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan State Univ

Occupation

Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : A0A3F306A139C494390F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Margarete Lieb Zalon

Mailing Address 128 Savage Rd

City

Waymart

State

PA

Zip Code

18472-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of S Alabama

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : A76FBD2E6CAB14FE2BD8

Amount of Each Receipt this Period

350.00

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)..... ►

600.00

9240.82

**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 17 OF 26

<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. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City
Los AngelesState
CAZip Code
90048-5018

Purpose of Disbursement

Candidate Name

Rep. Alan S. Lowenthal

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : B12487CA5F01C406BB72

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City
Elk GroveState
CAZip Code
95758-0042

Purpose of Disbursement

Candidate Name

Rep. Ami Bera

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : B2E29E982D9094649A3B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Foster for Congress

Mailing Address 422 C St NE

City
WashingtonState
DCZip Code
20002-5818

Purpose of Disbursement

Candidate Name

Rep. Bill Foster

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : BED2AB9901EB64812A61

Amount of Each Disbursement this Period

1000.00

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

3000.00

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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 18 OF 26

<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. BOOZMAN FOR ARKANSAS

Mailing Address PO BOX 671

City

State

Zip Code

Rogers

AR

72757-0671

Purpose of Disbursement

Candidate Name

Sen. John N. Boozman

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: AR

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : B89842A3849B8412B963

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CAIN FOR CONGRESS

Mailing Address P.O. BOX 1523

City

State

Zip Code

Bangor

ME

04402-1523

Purpose of Disbursement

Candidate Name

Emily Ann Cain

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2014

☒ Primary☐ General☐ Other (specify) ▼

State: ME

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : BB6F128124EB4403DB2A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 S Capitol SE

City

State

Zip Code

Washington

DC

20003-4024

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2014

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	28	/	2014

Transaction ID : B5C0C5DC864374BF8801

Amount of Each Disbursement this Period

2500.00

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

4500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(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. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 Maryland Ave

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2014

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : B9E762D41043B4B89A9E

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

B. DONALD M PAYNE JR FOR CONGRESS

Mailing Address PO BOX 2406

City	State	Zip Code
Newark	NJ	07114-0406

Purpose of Disbursement

Candidate Name

Rep. Donald M. Payne Jr.

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

Disbursement For: 2014

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

State: NJ District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : B4B7BE3946A1D46258A5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DUFFY FOR CONGRESS

Mailing Address PO BOX 538

City	State	Zip Code
Wausau	WI	54402-0538

Purpose of Disbursement

Candidate Name

Rep. Sean P. Duffy

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

Disbursement For: 2014

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

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : B259AA275F23E41E5B6D

Amount of Each Disbursement this Period

1000.00

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

14500.00

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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 20 OF 26

<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. ENGEL FOR CONGRESS

Mailing Address 462 California Rd

City	State	Zip Code
Bronxville	NY	10708-2306

Purpose of Disbursement

Candidate Name

Rep. Eliot L. Engel

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

State: NY District: 16

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
05		14		2014

Transaction ID : B5F4A9EC8C78047AC948

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Jeanne Shaheen

Mailing Address 105 N STATE STREET

City	State	Zip Code
Concord	NH	03301-4334

Purpose of Disbursement

Candidate Name

Sen. Jeanne Shaheen

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

State: NH District:

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
05		21		2014

Transaction ID : BA37E770F82194D708B3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JIM McDERMOTT

Mailing Address PO Box 21786

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement

Candidate Name

Rep. Jim A. McDermott

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

State: WA District: 07

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
05		28		2014

Transaction ID : B7F4FC78020674C6FBEF

Amount of Each Disbursement this Period

1000.00

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

3000.00

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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)

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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 SenateMailing Address 888 16th St NW
Ste 570A

City Washington State DC Zip Code 20006-4103

Purpose of Disbursement

Candidate Name

Sen. Jeff A. MerkleyOffice 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
05	/	14	/	2014

Transaction ID : BDEEEE8E4ADBB4EA6801

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City Rochester State NY Zip Code 14607-1647

Purpose of Disbursement

Candidate Name

Rep. Louise M. SlaughterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : B1567121446F24A0094A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKULSKI FOR SENATE

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203-3147

Purpose of Disbursement

Candidate Name

Sen. Barbara A. MikulskiOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	14	/	2014

Transaction ID : BAA176B66DA9046D0BD4

Amount of Each Disbursement this Period

1500.00

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)
ITEMIZED DISBURSEMENTSUse 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

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Category/
Type

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

Disbursement For: 2014

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

State: District:

Transaction ID : B2BF4274A89DB4D6CB4E

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

Candidate Name

Category/
Type

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

Disbursement For: 2014

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

State: District:

Transaction ID : B73CB55C3725D4114808

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

C. People for Ben

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Mailing Address PO Box 31129

City	State	Zip Code
Sante Fe	NM	87594

Purpose of Disbursement

Candidate Name

Rep. Ben Ray LujanCategory/
Type

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

Disbursement For: 2014

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

State: NM District: 03

Transaction ID : BA0E32701058C469D86D

Amount of Each Disbursement this Period

1000.00

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

21000.00

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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

American Nurses Association PAC

A. PEOPLE FOR PATTY MURRAY

Three digital displays showing the date in MM/DD/YYYY format: 05/14/2014.

Sen. Patty Murray

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

1250.00

B. RICHARD HANNA FOR CONGRESS COMMITTEE

Rep. Richard L. Hanna

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

C. RON BARBER FOR CONGRESS

Rep. Ron Barber

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

3250.00

**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 24 OF 26

<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. Simpson For Congress

Mailing Address 1487 Parkway Dr

City Blackfoot	State ID	Zip Code 83221-1667
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Purpose of Disbursement

Candidate Name

Rep. Mike Simpson

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : B24053AC1B44E4B57AE0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STEVE ISRAEL FOR CONGRESS

Mailing Address PO Box 777

City Deer Park	State NY	Zip Code 11729-0777
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Purpose of Disbursement

Candidate Name

Rep. Steve J. Israel

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

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

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : B713FF833B1B14066AB8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
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Purpose of Disbursement

Candidate Name

Tammy Baldwin

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
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Disbursement For: 2018	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	---

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

Transaction ID : B0EF2360DE1F54538997

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

American Nurses Association PAC

A. VOLUNTEERS FOR SHIMKUS

Date of Disbursement

Transaction ID : BB07603245D0B45D9B32

Amount of Each Disbursement this Period

1000.00

Rep. John M. Shimkus

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: IL District: 15

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Date of Disbursement

MM / DD / YYYY

Transaction ID : B46CE0ED3C3AF48449C2

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Sen. Ron Wyden

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: OR District:

Full Name (Last, First, Middle Initial)

C. WYDEN FOR SENATE

Date of Disbursement

M M / D D / Y Y Y Y
05 21 2014

Mailing Address 122 C St NW Ste 505

Transaction ID : B92CB9DE7EBFB4D74BE8

Purpose of Disbursement

Amount of Each Disbursement this Period

500.00

Candidate Name

Sen. Ron Wyden

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: OR District:

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

2500.00

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

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

American Nurses Association PAC

05 / 19 / 2014

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

1000.00

60750.00