Image# 14941329242 PAGE 1 / 26

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Us	se Only	
1.	NAME OF COMMITTEE (in full)	YPE OR PR	INT ▼		ole: If typin ne lines.	ig, type	12FE4N	15		
Δ	merican Nurses Assoc	ciation PA	AC .							1
_										
AD	DRESS (number and street)	8515 Georg	jia Avenue							
ř	Check if different	Suite 400								
ŀ	than previously reported. (ACC)	Silver Sprir	ng 				MD	20910		
2.	FEC IDENTIFICATION NUI	MBER ▼	CIT	(5	STATE 🛦		ZIP COI	DE 🛦
	C C00017525		3. IS	THIS EPORT		IEW N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b) Month		20 (M2)		May 20 (M5)	A	ug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due C		20 (M3)	×	lun 20 (M6)	Se	ep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15		Apr 2	20 (M4)	J	lul 20 (M7)	0	ct 20 (M10)		Jan 31 (YE)
	Quarterly Report (Q1) (c) 1	2-Day	Pr	imary (12P)	Gener	al (12G)	П	Runoff (12R)
	July 15 Quarterly Report (Q2) Р	RE-Election		onvention (_	Specia	ıl (12S)		, ,
	October 15 Quarterly Report (Q3		icport for the.		nivention (120)	Орсск	11 (120)		
	January 31 Year-End Report (YE		Election	on	M = M /	D D /	Y Y Y	Y	in the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 3	0-Day	Ge	eneral (30G	i)	Runoff	(30R)		Special (30S)
	Termination Report	H	Report for the:		M = M /	D D /	V V V	Y	in the	
	(TER)		Election	on					State of	
5.	Covering Period 05	/ D D D 01	2014	Y	through	05	31_	/ Y Y 20°	4	
Ιc	ertify that I have examined this	Report and	to the best of	my knowle	dge and b	elief it is tru	e, correct a	and comple	te.	
	pe or Print Name of Treasurer	Jan C. Poli								
٠.	Law C	Polizzi				T'' 12	M	M / D		Y
Sig	gnature of Treasurer	1 0112,2,1		[E	lectronically	rueaj D	ate 06	17	_	2014
NC	TE: Submission of false, erroned	ous, or incom	plete information	may subje	ect the pers	on signing th	is Report to	the penalti	es of 2 U	J.S.C. §437g.
	Office								FOR	
	Use Only								lev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
FEC Form 3X (Rev. 02/2003)
e or Type Committee Name

Write or Typ	e Committee Name		
America	n Nurses Association PAC		
Report Cove	ring the Period: From:	05 01 / 2014	To: 05 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
` '	on Hand Y Y Y Y Y J Y J J Y J J Y J Y J Y J Y		78783.95
` '	on Hand at nning of Reporting Period	141342.10	
(c) Total	Receipts (from Line 19)	34652.64	154899.95
6(c)	otal (add Lines 6(b) and for Column A and Lines and 6(c) for Column B)	175994.74	233683.90
7. Total Disb	oursements (from Line 31)	60750.00	118439.16
Reporting	Hand at Close of Period Line 7 from Line 6(d))	115244.74	115244.74
the Comn	d Obligations Owed TO nittee (Itemize all on C and/or Schedule D)	0.00	
the Comn	d Obligations Owed BY nittee (Itemize all on C and/or Schedule D)	0.00	

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

۸:	N I	۸ : - <u>+</u> :	$D \wedge C$
American	nurses	Association	PAC

Report Covering the Period: From: 05	01 2014	To: 05 31 2014
I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9240.82	35449.97
(i) iternized (use schedule A)	7 7 7	
(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	200	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	04050.04	154899.95
Totals to Line 33, page 5)	34652.64	134039.33
2. Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
. All Loans Received		7
L Love Book on the Book of	0.00	0.00
I. Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	7	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	3,33	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levin Fande (nom Concado Fio)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),	24052.24	454000 OF
12, 13, 14, 15, 16, 17, and 18(c))▶	34652.64	154899.95
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	34652.64	154899.95
(Sassace Ento To(o) Hottl Ento To)	3 1002.04	154000.00

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
(a) All	ng Expenditures: ocated Federal/Non-Federal		- Caronaar Tour to Bate
Ac (i)	tivity (from Schedule H4) Federal Share	0.00	0.00
(.)	r ddolai Ghalo		
(ii)		0.00	0.00
	her Federal Operating penditures	0.00	0.00
	tal Operating Expenditures		
	dd 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
	ers to Affiliated/Other Party	0.00	0.00
Contrib	utions to	0.00	0.00
	I Candidates/Committees her Political Committees	60750.00	118000.00
	ndent Expenditures	0.00	0.00
Coordir	chedule E) nated Party Expenditures	0.00	0.00
(2 U.S. (use Sc	C. §441a(d)) 'chedule F)	0.00	0.00
(,		
Loan F	Repayments Made	0.00	0.00
Loans	Made	0.00	0.00
Refund	s of Contributions To:	7	
(a) ind	dividuals/Persons Other an Political Committees	0.00	25.00
(L) D		0.00	0.00
	litical Party Committeesher Political Committees	0.00	0.00
(-)	uch as PACs)	0.00	0.00
(d) To	tal Contribution Refunds		
` '	dd Lines 28(a), (b), and (c))	0.00	25.00
(23)			
Other [Disbursements	0.00	414.16
Federa	I Election Activity (2 U.S.C. §431(20))		
. ,	ocated Federal Election Activity		
	om Schedule H6)	0.00	0.00
(1)	Federal Share	0.00	0.00
(ii)	"Levin" Share	0.00	0.00
(b) Fe	deral Election Activity Paid Entirely		200
(a) Ta	With Federal Funds	0.00	0.00
	tal Federal Election Activity (add nes 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total	ichuraamanta (add Lines 01/s) 00		
	isbursements (add Lines 21(c), 22, 25, 26, 27, 28(d), 29 and 30(c))	60750.00	118439.16
, - ',	-,,,, (2), 2 00(0)).	30700.00	110439.10
	ederal Disbursements		
	ct Line 21(a)(ii) and Line 30(a)(ii)	60750.00	110/20 16
irom Li	ne 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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	34652.64	154899.95
4. Total Contribution Refunds (from Line 28(d))	0.00	25.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34652.64	154874.95
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOR LINE NUMBER:					PAGE		6	OF		26
(check only one)										
X	11a		11b		11c		12	2		
	13		14		15		16	6		17

	Statements may not be sold or used by any pers are name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Nurses Association I	PAC	
Full Name (Last, First, Middle Initial) Virginia T. Betts Mailing Address 425 5th Ave N City Nashville FEC ID number of contributing federal political committee. Name of Employer TN Dept of Mental Health & Devel Disab Receipt For: Primary General Other (specify)	State Zip Code TN 37243-3400 C Occupation Commission of Mental Health Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Sandra J. Bonstelle Mailing Address 3437 E Dunlap Ave City Phoenix FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code AZ 85028-4979 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt 05 09 2014 Transaction ID: A75F387429D074375902 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Patricia W. Clausen Mailing Address 10725 Bucknell Dr City Silver Spring FEC ID number of contributing federal political committee. Name of Employer MOBILE MEDICAL Receipt For: Primary General Other (specify)	State Zip Code MD 20902-4362 C Occupation NURSE PRACTIONER Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

26

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Thomas Ray Coe Date of Receipt Mailing Address 4110 Osco Williams Dr 01 2014 City Zip Code State Transaction ID: A27F55BDEDB224493B8E TN Pall Mall 38577-4054 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Transition Director William US Army Beaumont Medical Ctr Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. June Como Date of Receipt Mailing Address 53 Fort Hill Circle 05 01 2014 City State Zip Code Transaction ID: A909DB34263574CF2AF7 Staten Island NY 10301-1716 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Name of Employer Occupation College of Staten Island RN Receipt For: Aggregate Year-to-Date ▼ Primary General 620.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barbara Thoman Thoman Curtis Date of Receipt Mailing Address 1000 Saint Georges Rd Apt 101 A 30 05 2014 City Zip Code State Transaction ID: A0CC50BA7B45F46D2B87 FL Ormond Beach 32174 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 870.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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

							8	OF		26
(check only one)										
X	11a		11b		11c		12	!		
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Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)	Jos of the position of the position to	
American Nurses Association Pa	AC	
Full Name (Last, First, Middle Initial) A. Ms. Nancy M. Daniels		Date of Receipt
Mailing Address 3142 Satellite Dr		05 09 2014
City San Antonio	State Zip Code TX 78217-4025	Transaction ID : AE0ACA102A17D498097F Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Alamo Mental Health Group Receipt For: Primary General Other (specify) ▼	Occupation Psychiatric Clinical Specialist Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Sue B. Davidson Mailing Address 18765 SW Boones Ferry Rd		Date of Receipt
City Tualatin FEC ID number of contributing federal political committee.	State Zip Code OR 97062-8496	05 06 2014 Transaction ID : AB44E8F8D955441B6A90 Amount of Each Receipt this Period 500.00
Name of Employer Oregon Nurses Assc Receipt For: Primary General Other (specify) ▼	Occupation Executive Director Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Gail Esparza Mailing Address 1626 S 11th St City Saint Louis	State Zip Code MO 63104-3741	Date of Receipt M M M
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼	Occupation RN Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number of	<u>r_</u>	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF 26

ITEN	IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11c 12 13 14 15 16 17
				rson for the purpose of soliciting contributions to solicit contributions from such committee.
	ME OF COMMITTEE (In Full) merican Nurses Association Pa	4C		
A. El	Name (Last, First, Middle Initial) Sa M. Francisco Iling Address 2440 Rollingwood Dr			Date of Receipt
City Sa	/ lem	State VA	Zip Code 24153-1459	05 03 2014 Transaction ID : AF89D051511E14E2598C Amount of Each Receipt this Period
fed	C ID number of contributing eral political committee.	С		120.00
Va	me of Employer Medical Center ceipt For: Primary General	Occupation RN Aggregate	Year-to-Date ▼	
	Other (specify) ▼		240.00	
B . Ba	I Name (Last, First, Middle Initial) arbara A. Gessner iling Address 3405 Bluff St			Date of Receipt
City Ma	/ dison	State WI	Zip Code 53705-3320	05 21 2014 Transaction ID : A6F355C46DEAE4A89B40 Amount of Each Receipt this Period
fed	C ID number of contributing eral political committee.	С		250.00
Ret	me of Employer ired	Occupation Retired		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C. Li	I Name (Last, First, Middle Initial) inda M. Gural illing Address 93 Dickinson Ave			Date of Receipt
City		State	Zip Code	05 08 2014
To	ms River	NJ	08753-6773	Transaction ID : ACC513C0BCDD14DE29E Amount of Each Receipt this Period
fed	C ID number of contributing eral political committee.	С		54.16
	me of Employer	Occupation RN		
	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 620.80	
SUB	FOTAL of Receipts This Page (optional)		>	424.16
TOTA	AL This Period (last page this line number of	only)		

	F	ЭR	LINE	NU	MBER	:	PAGE	•	10 OF	26
Use separate schedule(s)	(с	he	ck only	or	ne)					
for each category of the Detailed Summary Page		X	11a		11b		11c		12	
			13		14		15		16	17

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full)		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
American Nurses Association F	PAC	
Full Name (Last, First, Middle Initial) A. Faith M. Jones		Date of Receipt
Mailing Address 476 N Douglas St		05 07 2014
City Powell	State Zip Code WY 82435-1812	Transaction ID : A83B23E8C2B3544FCAC9 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Consultant Receipt For: Primary General Other (specify) ▼	Occupation RN Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Dr. Jeanette F. Kissinger Mailing Address 2312 ROCKY POINT PKWY	Date of Receipt	
City RICHMOND FEC ID number of contributing federal political committee.	State Zip Code VA 23238-3642	05 01 2014 Transaction ID: A835DD58C0B134CB5A72 Amount of Each Receipt this Period 200.00
Name of Employer Cross Over Health Care Ministry Receipt For: Primary General Other (specify) ▼	Occupation Professor Emeritus C-ANP Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Sara Mccumber Mailing Address 2004 Lackawanna Ave City Superior	State Zip Code WI 54880-2133	Date of Receipt 05 12 2014 Transaction ID : A0D3CED911A7B49B5BE
Superior FEC ID number of contributing federal political committee.	VII 54880-2133	Amount of Each Receipt this Period 500.00
Name of Employer Duluth Clinic Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation NP Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line number		

FEC ID number of contributing

federal political committee.

	FOF	R LINE	NU	IMBER	:	PAGE	•	11 O	F	26
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
ca, . ag.		13		14		15		16		717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Ms. Dorothy M. Meehan Date of Receipt Mailing Address 7855 Blvd East Apt 16j 02 2014 City State Zip Code Transaction ID: A589DF2404EC04673904 07047-5931 North Bergen NJ Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation RN **Englewood Hospital** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Shirley M. Morrison Date of Receipt Mailing Address 1634 Aspen Grove Dr 05 2014 04 City State Zip Code Transaction ID: ADC64B34C40BD48A6A13 Houston TX 77077-4004 Amount of Each Receipt this Period

	Name of Employer Md Anderson	Occupation	
	Receipt For: Primary General Other (specify) ▼	RN Aggregate Year-to-Date ▼ 416.65	
С .	Full Name (Last, First, Middle Initial) Gewreka L. Nobles		Date of Receipt
	Mailing Address 7111 Rockridge Rd		05 23 2014
	City	State Zip Code	Transaction ID : A026D474A72E14B5D962
	Pikesville	MD 21207-4638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	400.00
	Name of Employer	Occupation	
	COMMUNITY COLLEGE	Gewreka L. Nobles	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
s	SUBTOTAL of Receipts This Page (optional)		733.33

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

83.33

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Rebecca M. Patton Date of Receipt Mailing Address 2382 Woodward Ave 2014 15 City Zip Code State Transaction ID: ABD84F17097B74B67B49 OH Lakewood 44107-5554 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation UNIVERSITY HOSP Atkinson Scholar in Perioperative Nurs Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jo Anne Penn Date of Receipt Mailing Address 208 K Ct 05 05 2014 City State Zip Code Transaction ID: A5D76C914065C465DB1E Seaside Park NJ 08752-1316 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Messina Pediatrics RN Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jan C. Polizzi Date of Receipt Mailing Address 5953 Shortleaf Ct 09 05 2014 City Zip Code State Transaction ID: A4C4BF99F9376449CBD5 MO Saint Louis 63128-4306 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1433.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOR	R LINE	NU	MBER	:	PAGE	_ 1	13	OF	26
Use separate schedule(s) for each category of the	(che	eck only	or	ne)						
Detailed Summary Page	×	11a		11b		11c		12		
,		13		14		15		16	.	17

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 Full Name (Last, First, Middle Initial) Thomas R. Porter Date of Receipt Mailing Address 2302 11th St 2014 City Zip Code State Transaction ID: A8243C760B60D49D699F WI Monroe 53566-1811 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Name of Employer Occupation **BLACKHAWK TECHNICAL COLLE** Staff Nurse Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Joseph Potts Date of Receipt Mailing Address 3131 N. Druid Hills Rd Apt 3105 05 16 2014 City State Zip Code Transaction ID: A23D07B38404E4777B87 GA Decatur 30033-2657 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation **NSNA** President Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Clare Poulose Date of Receipt Mailing Address 1317 Summit Ave 05 23 2014 City Zip Code State Transaction ID: A730D85D9927B408A992 MN Saint Paul 55105-2602 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Miscellaneous Clinical Nurse Specialist Oncology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 570.00 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LINE N	NUMBER:	PAGE	E 14 OF	20
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	□ ₁₄ [15	16	1

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Nurses Association F	PAC	
Full Name (Last, First, Middle Initial) Stephen Rooney Mailing Address 63035 Carnelian Ln		Date of Receipt 05 14 2014
City Bend	State Zip Code OR 97701-9015	Transaction ID : A4B49B620683B49DF8B8
FEC ID number of contributing federal political committee.	C 97701-9015	Amount of Each Receipt this Period 350.00
Name of Employer ST. CHARLES MED CTR Receipt For:	Occupation Staff Nurse	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) 3. Ellen M Sanders Mailing Address 654 Boca Marina Ct		Date of Receipt
City Boca Raton	State Zip Code FL 33487-5204	05 30 2014
FEC ID number of contributing federal political committee.	C 33407-3204	Amount of Each Receipt this Period 500.00
Name of Employer Innovative Healthcare Services, Inc	Occupation RN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) . Ms. Cheryl K. Schmidt		Date of Receipt
Mailing Address 320 W Cross St		05 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Benton	State Zip Code AR 72015-3622	Transaction ID: A816A36BF39BB4988A91 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
UAMS College of Nrsng @ Hope Receipt For:	Associate Professor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	_	1350.00
TOTAL This Period (last page this line number	<u> </u>	

FOR LINE NUMBER: PAGE 15 OF 26 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Muriel Softli Date of Receipt Mailing Address 7333 Seward Park Ave S 2014 City Zip Code State Transaction ID: AFE491CC4DA2B43B4A0E WA Seattle 98118-4244 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Occupation RN Seattle School District Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Diana K Sullivan Date of Receipt Mailing Address 655 Covered Bridge Rd 05 15 2014 City State Zip Code Transaction ID: A0792AE59BA774C2FBE2 IN Greenwood 46142-1111 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Indiana University Chief Nursing Officer or Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sylvia Weber Date of Receipt Mailing Address 84 Shaw Ave. 05 27 2014 City State Zip Code Transaction ID: A0A9DB3311A974F81A21 RΙ Cranston 02905-3823 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation Clinical Specialist The Miriam Hosp Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 310.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOF	LINE	NU	MBER	:	PAGE	. 1	16	OF		26	
(check only one)											
X 11a 11b 11c 12											
	13		14		15		16			17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) American Nurses Association	PAC					
Full Name (Last, First, Middle Initial) Teresa A Wehrwein Mailing Address 2746 Stoodleigh Dr		Date of Receipt				
Maining Address 2740 Stoudleigh Di		05 08 2014				
City	State Zip Code	Transaction ID : A0A3F306A139C494390F				
Rochester Hills	MI 48309-2840	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Michigan State Univ	Educator					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Margarete Lieb Zalon	Margarete Lieb Zalon					
Mailing Address 128 Savage Rd		05 16 2014				
City	State Zip Code PA 18472-3027	Transaction ID : A76FBD2E6CAB14FE2BD				
Waymart		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	350.00				
Name of Employer	Occupation					
University of S Alabama	Professor					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C					
Name of Employer	Occupation					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)		600.00				
TOTAL This Period (last page this line numb	per only)	9240.82				

SCHEDULE B (FEC Form 3X)	Haz	a a la a dist. ()	FOR LINE I	NUMBER:	_	PAGE	17 OI	F 26		
ITEMIZED DISBURSEMENTS	Use separate for each categorial		(check only	,	.		¬			
	Detailed Sumr		21b 27	22 28a	23 28b	24 28c	25 29	26 30b		
Any information copied from such Reports and State										
or for commercial purposes, other than using the na	me and address	of any politica	al committee to	solicit con	tributions	from such of	committe	e.		
NAME OF COMMITTEE (In Full)										
American Nurses Association PAC	;									
Full Name (Last, First, Middle Initial)										
A. ALAN LOWENTHAL FOR CONGRETA	RESS			Date of	Disbursen	nent				
Mailing Address 6380 WILSHIRE BLVD., #1612				05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State Zip	Code		_						
Los Angeles	CA 900	048-5018		Transa	action ID :	B12487CA	5F01C40	06BB72		
Purpose of Disbursement						State.				
Candidate Name				Amount	of Each [Disburseme	nt this Pe	eriod		
Rep. Alan S. Lowenthal			Category/				1000.0	00		
	ment For: 2014		Туре		,	-				
	Primary	General								
President	Other (specify)									
State: CA District: 47	·									
Full Name (Last, First, Middle Initial)										
B. BERA FOR CONGRESS				Date of	Disbursen	nent				
M ''' A I I				M = M	/ D I		Y Y Y	Y		
Mailing Address POST OFFICE BOX 582496				05	14		2014			
City Elk Grove		Code 758-0042		Transa	action ID :	B2E29E98	2D90946	649A3B		
Purpose of Disbursement	95	130-0042								
•				Amount	of Each D	Disburseme	nt this Pe	eriod		
Candidate Name			Category/				4000	00		
Rep. Ami Bera			Туре			7	1000.	UU		
	ment For: 2014									
	Primary Other (appoint)	General								
State: CA District: 07	Other (specify)	▼								
Full Name (Last, First, Middle Initial)										
C. Bill Foster for Congress				Date of	Disbursen	nent				
				M = M	/ D I) / Y	Y Y Y	Y		
Mailing Address 422 C St NE				05	14		2014			
City	State Zip	Code								
Washington		002-5818		Transa	action ID :	BED2AB9	901EB64	1812A6		
Purpose of Disbursement										
				Amount	of Each D	Disburseme	nt this Pe	eriod		
Candidate Name			Category/				1000.0	00		
Rep. Bill Foster Office Sought: House Disburse	ment For: 2014		Туре			- 1	. 500.0			
Senate Disburse	Primary	General								
President	Other (specify)	<u>.</u>								
State: IL District: 11	(-[*								
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SUBTOTAL of Disbursements This Page (optional).							3000.0	00		
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TOTAL This Period (last page this line number only	·)							1		

SCHEDULE B (FEC Form 3X)	Hee or	roto och salvis ()	FOR LINE NUMBER: PAGE 18					
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only				¬	
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any information copied from such Reports and State	mente may n	ot he sold or us						
or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
American Nurses Association PAC	;							
<u> </u>			-					
Full Name (Last, First, Middle Initial)				Data of	Disburse	mont		
A. BOOZMAN FOR ARKANSAS					_			
Mailing Address PO BOX 671				05	1.		2014	Y
	State	Zip Code		Trans	action ID	: B89842A3	3849B84°	12B963
Rogers Purpose of Disbursement	AR	72757-0671						
Fulpose of Disbursement				Amount	of Each	Disburseme	nt this P	eriod
Candidate Name			Category					
Sen. John N. Boozman			Category/ Type				1000.	00
9	ment For: 2	014						
	Primary	General						
State: AR District:	Other (spec	ify) 🔻						
Full Name (Last, First, Middle Initial)								
B. CAIN FOR CONGRESS				Date of	Disburse	ement		
- CAINTON CONGRESS				M = M	/ D		Y	Υ
Mailing Address P.O. BOX 1523				05		4	2014	
,	State ME	Zip Code 04402-1523		Trans	action ID	: BB6F128	124EB44	03DB2A
Bangor Purpose of Disbursement	IVIC	04402-1523						
•				Amount	of Each	Disburseme	nt this P	'eriod
Candidate Name			Category/				4000	00
Emily Ann Cain			Type		7	7	1000.	.00
	ment For: 2							
Senate President	Primary	General						
State: ME District: 02	Other (spec	iiy) ▼						
Full Name (Last, First, Middle Initial)								
C. DEMOCRATIC CONGRESSIONA	L CAMP	AIGN COM	MITTEE	Date of	Disburse	ement		
				M = M	/ D	D / Y	Y Y	Υ
Mailing Address 430 S Capitol SE				05	2	8	2014	
City	State	Zip Code						
Washington	DC	20003-4024		Trans	action ID	: B5C0C5D	C864374	IBF8801
Purpose of Disbursement								
				Amount	of Each	Disburseme	nt this P	eriod
Candidate Name			Category/				2500.	.00
Office Sought: House Disburse	ment For: 2	04.4	Туре		7	7		
Senate Sought.	Primary	General						
President	Other (spec							
State: District:		•						
			'					
SUBTOTAL of Disbursements This Page (optional)							4500.0	00
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TOTAL This Period (last page this line number only)				1 0 1	1 (0) 1		

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SCHEDULE B (FEC Form 3X)		FOR LINE	E NUMBER: PAGE 19 OF 26						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)						
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b					
	<u> </u>	27							
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
American Nurses Association PA	C								
Full Name (Last, First, Middle Initial)									
A. DEMOCRATIC SENATORIAL CA	MPAIGN COMMITT	EE	Date of Disbursem	ent					
Mailing Address 120 Maryland Ave			05 28 2014						
City	State Zip Code		Transaction ID :	B9E762D41043B4B89A9E					
Washington	DC 20002								
Purpose of Disbursement			Amount of Each D	isbursement this Period					
Candidate Name		Category/ Type		12500.00					
Office Sought: House Disburse	ement For: 2014								
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) B. DONALD M PAYNE JR FOR COL	NODEOC		Data of Diaburaam	ont					
B. DONALD M PAYNE JR FOR CO	NGRESS		Date of Disbursem						
Mailing Address PO BOX 2406			05 14	2014					
City Newark	State Zip Code NJ 07114-0406		Transaction ID :	B4B7BE3946A1D46258A5					
Purpose of Disbursement	07114 0400								
			Amount of Each D	isbursement this Period					
Candidate Name		Category/		1000.00					
Rep. Donald M. Payne Jr.		Type		1000.00					
	ement For: 2014								
	Primary General								
President State: NJ District: 10	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
C. DUFFY FOR CONGRESS			Date of Disbursem	ent					
Mailing Address PO BOX 538			05 / 14	2014					
City	State Zip Code								
Wausau	WI 54402-0538		Transaction ID :	B259AA275F23E41E5B6D					
Purpose of Disbursement									
		1 []	Amount of Each D	isbursement this Period					
Candidate Name		Category/		1000.00					
Rep. Sean P. Duffy		Type		1000.00					
Office Sought: House Disburs Senate President	ement For: 2014 Primary General Other (specify) ▼								
State: WI District: 07									
SUBTOTAL of Disbursements This Page (optional)		······	7	14500.00					
TOTAL This Period (last page this line number onl	y)		4						

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S	CHEDULE B (FEC Form 3X)			FOR LINE	NE NUMBER: PAGE 20 OF 26					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)				_	
			Summary Page	21b	22	X 23	24	25	26	
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam									
Ĺ	NAME OF COMMITTEE (In Full)				3531. 30					
$ \rangle$	American Nurses Association PAC									
	7 in one and the rest of the second control									
_	Full Name (Last, First, Middle Initial)									
Α.	ENGEL FOR CONGRESS				Date o	f Disburse	ement			
	Mailing Address 462 California Rd				05	/ D		2014		
	Mailing Address 402 California Rd				03		4	2014	_	
	City	State	Zip Code		T		D55440	-00070	24740040	
	Bronxville	NY	10708-2306		irans	nsaction ID: B5F4A9EC8C78047AC948				
	Purpose of Disbursement						D: 1		5	
	Candidate Name				Amoun	t of Each	Disbursem	ent this	Period	
	Rep. Eliot L. Engel			Category/ Type				100	0.00	
		nent For:	2014	Type		- 7	7			
		Primary	General							
	President	Other (spe	cify) 🔻							
	State: NY District: 16									
_	Full Name (Last, First, Middle Initial)									
В.	Friends of Jeanne Shaheen				Date o	f Disburse	ement			
	Mailing Address 105 N STATE STREET				M = M 05	/ D	D / Y	2014	Y	
	Mailing Address 105 N STATE STREET				03			2014		
	City	State	Zip Code		Trans	saction ID) : BA37E7	7059210	4D700B2	
	Concord	NH	03301-4334		IIalis	saction ib	. BASIEI	1010213	4070003	
	Purpose of Disbursement				Amoun	t of Each	Disbursem	ont thic	Pariod	
	Candidate Name				Amoun	t of Lacif	Disbuiseii	ent tins	renou	
	Sen. Jeanne Shaheen			Category/ Type	L.		100	0.00		
		nent For:	2014	.,,,,		,	,			
		Primary	General							
		Other (spe	cify) ▼							
_	State: NH District:									
_	Full Name (Last, First, Middle Initial)				Data	(Diala				
C.	FRIENDS OF JIM MCDERMOTT					f Disburse			_	
	Mailing Address PO Box 21786				05	/ D	8 / Y	2014	Y	
		State	Zip Code		Trans	saction ID	: B7F4FC	7802067	4C6FBEF	
	Seattle Purpose of Disbursement	WA	98111							
	rulpose of Disbursement				A	4 -4 -	Diahamaan	-:-4 46:-	Daviad	
	Candidate Name			Cotogogy	Amoun	t of Each	Disbursem	ent this	Period	
	Rep. Jim A. McDermott			Category/ Type				100	0.00	
		nent For:	2014			7	,			
	Senate	Primary	General							
		Other (spe	cify) 🔻							
	State: WA District: 07									
_ ا	NIDTOTAL «CDishumana i Tili D							300	0.00	
L	GUBTOTAL of Disbursements This Page (optional)			·····•		- 7	7	300		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 21 OF 26
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23	24 25 26
		27	28a 28b	28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or us me and address of any politic	ed by any perso al committee to	on tor the purpose of some solicit contributions fro	oliciting contributions on such committee.
NAME OF COMMITTEE (In Full)	··			
American Nurses Association PAC	;			
Full Name (Last, First, Middle Initial)				
A. Jeff Merkley for Senate			Date of Disburseme	nt
Mailing Address 888 16th St NW			05 14	2014
Ste 570A City	State Zip Code			
Washington	DC 20006-4103		Transaction ID : B	DEEEE8E4ADBB4EA680
Purpose of Disbursement				
			Amount of Each Dis	bursement this Period
Candidate Name		Category/		2500.00
Sen. Jeff A. Merkley		Туре		2500.00
	ment For: 2014			
Senate President	Primary General			
State: OR District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. LOUISE SLAUGHTER RE-ELECT			Date of Disburseme	nt
- LOUISE SEAGGITTER RE-ELECT	ION COMMITTEE		M M / D D	/ Y Y Y Y
Mailing Address 1150 UNIVERSITY AVE, BLDG.	5		05 14	2014
City	State Zip Code		Transaction ID : B	1567121446F24A0094A
Rochester Purpose of Disbursement	NY 14607-1647			
raipodo di Biobaldomoni			Amount of Each Dis	bursement this Period
Candidate Name		Category/		
Rep. Louise M. Slaughter		Type		1000.00
Office Sought: House Disburse	ment For: 2014			
	Primary General			
President	Other (specify) ▼			
State: NY District: 25				
Full Name (Last, First, Middle Initial)			Date of Disburseme	nt
C. MIKULSKI FOR SENATE				
Mailing Address PO Box 13147		05 14	2014	
City	State Zip Code			
Baltimore	MD 21203-3147		Transaction ID : B	AA176B66DA9046D0BD4
Purpose of Disbursement				
			Amount of Each Dis	bursement this Period
Candidate Name		Category/		1500.00
Sen. Barbara A. Mikulski Office Sought: House Disburse	ment For: 2016	Туре		7
Senate	Primary Seneral			
President	Other (specify)			
State: MD District:	- (-r			
SUBTOTAL of Disbursements This Page (optional).				5000.00
5 (100.07)				
TOTAL This Period (last page this line number only)			7

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 22 OF 26			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	21b		24 25 26 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)	and diddress of any point	our committee to	Solicit Contributions from	odon committee.			
American Nurses Association PA							
American Nuises Association PA	,						
Full Name (Last, First, Middle Initial)							
A. NATIONAL REPUBLICAN CONG	RESSIONAL COmm	ittee	Date of Disbursement				
Mailian Address 200 4 / O/ OF			M M / D D /	7 7 7 7 7			
Mailing Address 320 1st St SE			05 28	2014			
City							
Washington	DC 20003		1141104041011121122	F4274A89DB4D6CB4			
Purpose of Disbursement			Amount of Each Disbu	reamont this Pariod			
Candidate Name			Amount of Lacif Disbu	rsement this renou			
		Category/ Type		12500.00			
Office Sought: House Disburse	ement For: 2014	.,,,,,	,	,			
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)	•		5				
B. National Republican Senatorial C	ommittee		Date of Disbursement				
Mailing Address 425 2nd St NE			05 28	2014			
Mailing Address 425 ZHd St INE			00 20	2014			
City	State Zip Code		Transaction ID : B73	CB55C3725D4114808			
Washington	DC 20002		Transaction iD . Bro	CB33C3723D4114000			
Purpose of Disbursement			Amount of Each Disbu	roomant this Pariod			
Candidate Name		البسبا	Amount of Lacif Disbu	rsement this renou			
Canadato Hamo		Category/ Type		7500.00			
Office Sought: House Disburse	ement For: 2014	Турс		,			
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)							
C. People for Ben			Date of Disbursement				
Mailing Address PO Box 31129			05 21	2014			
Maining Addition 1 O Box 31129			00 21	2011			
City	State Zip Code		Transaction ID - BAC	E32701058C469D86D			
Sante Fe	NM 87594		Transaction iD . BAC	1E32701036C409D60D			
Purpose of Disbursement							
Candidate Name			Amount of Each Disbu	rsement this Period			
Rep. Ben Ray Lujan		Category/ Type		1000.00			
	ement For: 2014	1,400	7				
Senate	Primary General						
President	Other (specify) ▼						
State: NM District: 03							
				01000.00			
SUBTOTAL of Disbursements This Page (optional)		·····•		21000.00			
TOTAL This Desired (leaf see a 11 11 11	.)						
TOTAL This Period (last page this line number onl	/)						

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:		PAGE	E 23 (OF 26
ITEMIZED DISBURSEMENTS	Use separate so for each categor		(check only one)					
	Detailed Summa		21b	22	23	24	25	26
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Any information copied from such Reports and Stater or for commercial purposes, other than using the nam								
	le and address of	arry politica	i committee to	SOIICIT COI	Illibutions	IIOIII Sucii	COMMIN	
NAME OF COMMITTEE (In Full)								
American Nurses Association PAC								
Full Name (Last, First, Middle Initial)								
A. PEOPLE FOR PATTY MURRAY	Date of Disbursement							
Mailing Address 1602 Belle View Blvd #510				05	14		2014	Y
City	_							
Alexandria	VA 2230	07-6531		Trans	action ID	: BF11E32	4BAACE	D4D30B3
Purpose of Disbursement								
			[]	Amount	of Each	Disburseme	ent this I	Period
Candidate Name			Category/				1050	000
Sen. Patty Murray			Type		-		1250	J.00
	nent For: 2016							
X Senate	Primary	General						
President	Other (specify)	7						
State: WA District:								
Full Name (Last, First, Middle Initial)								
B. RICHARD HANNA FOR CONGRE	SS COMMIT	ΓΤΕΕ		Date of	Disburse	ment		
				M = M	/ D		ΥΥ	Υ
Mailing Address 2308 GENESEE STREET	Mailing Address 2308 GENESEE STREET						05 28 2014	
City	State Zip (Code		Trans	action ID	: BCF41AE	38C8DF	14377B3
UTICA	NY 1350	02				0		
Purpose of Disbursement				A a	of Fools	D:-h		Daviad
Candidate Name				Amount	of Each	Disburseme	ent this i	Period
			Category/	1.			1000	0.00
Rep. Richard L. Hanna Office Sought: House Disburser			Туре		,	,		
	nent For: 2014 Primary	Conoral						
President	Other (specify)	General -						
State: NY District: 22	Other (specify)	,						
Full Name (Last, First, Middle Initial)								
C. RON BARBER FOR CONGRESS	Date of	Disburse	ment					
					/ D	D / Y	YY	Υ
Mailing Address PO BOX 57715			05	14		2014		
City	State Zip (Codo						
· ·	•	32-7715		Trans	action ID	: B166715E	3862024	1227B5F
Purpose of Disbursement	7.2 0076	72 77 10						
·				Δmount	of Each	Disburseme	ant this	Pariod
Candidate Name			Catagony	Amount	OI Lacii	Disbuiseille	7111 11113 1	renou
Rep. Ron Barber			Category/ Type				1000	0.00
•	nent For: 2014		71		,	,		
Senate	Primary	General						
President	Other (specify)							
State: AZ District: 02	· · · · · · · · · · · · · · · · · · ·							
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SUBTOTAL of Disbursements This Page (optional)						_	3250	0.00
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TOTAL This Period (last page this line number only)			·····•			-		

S	CHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER:	PAGE 24 OF 26
T	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	,	
			Summary Page	21b	22 🗙 23	
				27	28a 28	
	ny information copied from such Reports and Statem for commercial purposes, other than using the name					
\ <u></u>		e and add	ress or arry pointic	ai committee to	Solicit Contributio	ons nom such commutee.
	NAME OF COMMITTEE (In Full)					
/	American Nurses Association PAC					
	Full Name (Last, First, Middle Initial)					
Α.	Simpson For Congress				Date of Disbu	rsement
					M M / D) D / Y Y Y Y
	Mailing Address 1487 Parkway Dr				05	14 2014
	City	State	Zip Code			
	Blackfoot	ID	83221-1667		Transaction	ID: B24053AC1B44E4B57AE0
	Purpose of Disbursement					
					Amount of Eac	ch Disbursement this Period
	Candidate Name			Category/		1000.00
	Rep. Mike Simpson			Туре		1000.00
		nent For:				
		Primary	General			
	State: ID District: 02	Other (spe	city) \blacktriangledown			
	Full Name (Last, First, Middle Initial)					
В.	STEVE ISRAEL FOR CONGRESS				Date of Disbu	rsement
	OTEVE TORNEET ON CONCRECE				M = M / D) D / Y Y Y Y
	Mailing Address PO Box 777				05	14 2014
		State NY	Zip Code		Transaction	ID: B713FF833B1B14066AB8
	Deer Park Purpose of Disbursement	INT	11729-0777			
	Turpose of Bisbursement				Amount of Eac	ch Disbursement this Period
	Candidate Name			Category/		
	Rep. Steve J. Israel			Type		1000.00
	Office Sought: House Disbursen	nent For:	2014			
		Primary	General			
		Other (spe	cify) 🔻			
	State: NY District: 03					
	Full Name (Last, First, Middle Initial)				Date of Disbu	rcomont
Ο.	TAMMY BALDWIN FOR SENATE					
	Mailing Address P.O. BOX 696				05	21 2014
		State	Zip Code		Transaction	ID: B0EF2360DE1F54538997
	MADISON Purpose of Disbursement	WI	53701			
	rulpose of Dispulsement				A	ala Dialamana and Alaia Dania d
	Candidate Name			Cotomoni	Amount of Eac	ch Disbursement this Period
	Tammy Baldwin			Category/ Type		1000.00
		nent For:	2018			
	Senate X	Primary	General			
	President	Other (spe	cify) 🔻			
	State: WI District:					
_						3000.00
S	SUBTOTAL of Disbursements This Page (optional)			······		3000.00
Т	OTAL This Period (last page this line number only)					
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SCHEDULE B (FEC Form 3X)	Har		FOR LINE	R LINE NUMBER: PAG			E 25 OF 26	OF 26			
ITEMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only one)								
		Summary Page	21b	22 28a	23 28b	24 28c	25 29	26 30b			
Any information copied from such Reports and State	ements may n	ot be sold or us	sed by any perso		purpose (of soliciting	contribu	utions			
or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)	_										
American Nurses Association PAC	2										
Full Name (Last, First, Middle Initial)											
A. VOLUNTEERS FOR SHIMKUS	VOLUNTEERS FOR SHIMKUS						Date of Disbursement				
Mailing Address PO BOX 661				05 14 2014							
City		-	!D	DD07001		4500000					
Collinsville	IL	62234-0661		Irans	action ID	: BB07603	1245D0B	45D9B32			
Purpose of Disbursement						5					
Candidate Name				Amount	of Each	Disbursem	ent this	Period			
Rep. John M. Shimkus			Category/	Ι.			1000	0.00			
•	ement For: 20	114	Туре		,	7					
Senate	Primary	General									
President	Other (speci										
State: IL District: 15	, ,	•									
Full Name (Last, First, Middle Initial)											
B. WYDEN FOR SENATE				Date of	Disburse	ment					
				M = M	/ D	D / Y	YYY	Υ			
	Mailing Address 122 C St NW Ste 505						05 14 2014				
City	State	Zip Code		Trans	action ID	: B46CE0	ED3C3A	F48449C2			
Washington Purpose of Disbursement	DC	20001-2109									
r dipose of Biobarcomonic				Amount	of Each	Disbursem	ent this	Period			
Candidate Name			Category/								
Sen. Ron Wyden			Type				1000	0.00			
	ement For: 20	016									
	Primary	General									
President	Other (speci	fy) 🔻									
State: OR District:											
Full Name (Last, First, Middle Initial) C. WYDEN FOR SENATE				Date of	Disburse	ment					
o. Widen FOR SENATE					_		YYY	· ·			
Mailing Address 122 C St NW Ste 505		05	2		2014	Y					
City	State	Zip Code		Trans	action ID	: B92CB9	DE7EBF	B4D74BF			
Washington Purpose of Disbursement	DC	20001-2109									
Purpose of Disbursement						5					
Candidate Name		Amount	of Each	Disbursem	ent this	Perioa					
Sen. Ron Wyden			Category/ Type	1.			500	0.00			
	ement For: 20	 016	31		,	7					
X Senate	Primary	General									
President	Other (speci	ify) ▼									
State: OR District:											
							0500	2.00			
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TOTAL This Davied (lost near this line much as all	٨										
TOTAL This Period (last page this line number only	()				1 0 1	100	1 1 4				

SCHEDULE B (FEC Form 3X)	Hee concrete selectivity	1	FOR LINE NUMBER: PAGE 2			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	,	00 🗆 04 🖂		
	Detailed Summary Page	21b 27	22 X 28a	23 24 25 26 28b 28c 29 30		
Any information copied from such Reports and Statem	l nents may not be sold or use	ed by any perso		pose of soliciting contributions		
or for commercial purposes, other than using the nam	e and address of any political	al committee to	solicit contribu	utions from such committee.		
NAME OF COMMITTEE (In Full)						
American Nurses Association PAC						
Full Name (Last, First, Middle Initial)						
A. Yarmuth for Congress	Date of Disbursement					
Mailing Address 1815 Brownsboro Rd			05	19 2014		
Ste 100						
,	State Zip Code KY 40206		Transacti	on ID : B09C22089EAC44832989		
Louisville Purpose of Disbursement	KY 40206					
r dipose of Biobarooment			Amount of	Each Disbursement this Period		
Candidate Name		Category/		1000.00		
Rep. John A. Yarmuth		Type		1000.00		
	nent For: 2014					
	Primary General Other (specify) ▼					
State: KY District: 03	Other (specify)					
Full Name (Last, First, Middle Initial)						
B.			Date of Dis	bursement		
			M = M /	D D / Y Y Y Y Y		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement		-				
			Amount of	Each Disbursement this Period		
Candidate Name		Category/ Type				
Office Sought: House Disbursem	nent For:			,		
	Primary General					
	Other (specify) ▼					
State: District: Full Name (Last, First, Middle Initial)						
C.			Date of Dis	bursement		
			M M /	D D / Y Y Y Y Y		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
		Amount of	Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disbursem	pent For:	Туре		7 7 7 7		
	Primary General					
	Other (specify)					
State: District:	• • • •					
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SUBTOTAL of Disbursements This Page (optional)		·····•		1000.00		
TOTAL This Desired (Inches on the Control of the Co				60750.00		
TOTAL This Period (last page this line number only).				00.00.00		