

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Nurses Association PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00017525		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name (Last, First, Middle Initial) of Payee <b>American Nurses Association</b>			Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>		
Mailing Address 8515 Georgia Ave Ste 400			Amount <span style="border: 1px solid black; padding: 2px;">5000.00</span>		
City Silver Spring		State MD	Zip Code 20910-3492		
Purpose of Expenditure creation of webpages and placement on ANA website		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Transaction ID : E4081870F16354A959B7		
Name of Federal Candidate Supported or Opposed by Expenditure: Mr. Barack Obama			Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">15596.00</span>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee			Date <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span>		
Mailing Address			Amount <span style="border: 1px solid black; padding: 2px;"> </span>		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"> </span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">5000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures.....▶			<span style="border: 1px solid black; padding: 2px;">5000.00</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Thomas Coe		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2012</span>	