



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		78783.95
(b) Cash on Hand at Beginning of Reporting Period.....	75999.85	
(c) Total Receipts (from Line 19) .....	16851.57	261371.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92851.42	340155.90
7. Total Disbursements (from Line 31).....	13000.00	260304.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	79851.42	79851.42
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Nurses Association PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	2473.01	60096.53
(ii) Unitemized .....	14378.56	201275.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16851.57	261371.95
(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) .....	16851.57	261371.95
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))..... ▶	16851.57	261371.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16851.57	261371.95

**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.....	13000.00	259600.00
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	290.32
(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	290.32
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)) ..	13000.00	260304.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	260304.48

**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) .....	16851.57	261371.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	290.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16851.57	261081.63
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 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

**A. Mary Andersen**  
Full Name (Last, First, Middle Initial)

Mailing Address 4677 142nd St W

City Saint Paul State MN Zip Code 55124-7716

FEC ID number of contributing federal political committee. **C**

Name of Employer Miscellaneous Occupation Clinical Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : A2ED733C2D11B4161BD0**

Amount of Each Receipt this Period  
 250.00

**B. Dr. MICHAEL R. BLEICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2702 Wynncrest Manor Dr

City Chesterfield State MO Zip Code 63005-6700

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Kansas Hosp Occupation Maxine Clark and Bob Fox Dean and Prof

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : A32AA63550A2249B4900**

Amount of Each Receipt this Period  
 250.00

**C. Florence Elizabeth Speer**  
Full Name (Last, First, Middle Initial)

Mailing Address 10630 Carrollwood

City Saint Louis State MO Zip Code 63128-1317

FEC ID number of contributing federal political committee. **C**

Name of Employer St Louis Children's Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 212.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : A39DE1251FEFE429189C**

Amount of Each Receipt this Period  
 29.16

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 529.16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Ms. Gayle M. Peterson**

Mailing Address 20 Sargent St

City Melrose State MA Zip Code 02176-1932

FEC ID number of contributing federal political committee. **C**

Name of Employer MGH Occupation Staff Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1041.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

Transaction ID : **AC679B0BCA3E4481D8CD**

Amount of Each Receipt this Period  
**208.34**

Full Name (Last, First, Middle Initial)  
**B. Irene J. Eaton**

Mailing Address 73 Fletcher St

City Kennebunk State ME Zip Code 04043-6709

FEC ID number of contributing federal political committee. **C**

Name of Employer President Occupation ANA Maine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

Transaction ID : **ADD3F3C4ACCB64E20AE3**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **833.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 09 / 2014**

Transaction ID : **A44C970AFD48A41E2900**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>441.68</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 09 / 2014**

**Transaction ID : A2A0C70C1AE814DF9A3C**

Amount of Each Receipt this Period  
**80.00**

Full Name (Last, First, Middle Initial)  
**B. mary hatton**

Mailing Address 317 Forest Rd

City Lilesville State NC Zip Code 28091-7034

FEC ID number of contributing federal political committee. **C**

Name of Employer ANSON COMM HOSPITAL Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 11 / 2014**

**Transaction ID : AFE6F4900AB0E453DA36**

Amount of Each Receipt this Period  
**20.83**

Full Name (Last, First, Middle Initial)  
**C. Mary E Wimer**

Mailing Address PO Box 295

City Brandywine State WV Zip Code 26802-0295

FEC ID number of contributing federal political committee. **C**

Name of Employer PENDLETON COMMUNITY CARE Occupation Nurse Practitioner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **368.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : A4A8E187E971F4AFFB3B**

Amount of Each Receipt this Period  
**288.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>388.83</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

**A. JULIA W. POWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3712 Lascassas Pike

City Murfreesboro State TN Zip Code 37130-6856

FEC ID number of contributing federal political committee. **C**

Name of Employer NATIONAL HEALTHCARE Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : AE96FC57A2A2948DA86C**

Amount of Each Receipt this Period  
 200.00

**B. Ms. Judith A Huntington**  
Full Name (Last, First, Middle Initial)

Mailing Address 12816 SE 243rd St

City Kent State WA Zip Code 98030-5083

FEC ID number of contributing federal political committee. **C**

Name of Employer WASHINGTON STATE NURSES A Occupation Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2014

**Transaction ID : A68F4193D2D784CD9885**

Amount of Each Receipt this Period  
 83.34

**C. Ms. RHEA C. SANFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address MC2210 Farmington Ave # 263

City Farmington State CT Zip Code 06030-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF C. Occupation Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2014

**Transaction ID : AA6247365FF364FE2AE9**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 313.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Cynthia Reno Balkstra</b>			Date of Receipt 11 / 20 / 2014 <b>Transaction ID : A92EEA3CE08CE4162A0D</b>
Mailing Address 31 Highview Ln			Amount of Each Receipt this Period 50.00 Credit Card Processing; Ornaments 2014 x2
City Dahlonega	State GA	Zip Code 30533-3533	
FEC ID number of contributing federal political committee. C			
Name of Employer Candler Hospital	Occupation CASE MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. PAMELA F. CIPRIANO</b>			Date of Receipt 11 / 20 / 2014 <b>Transaction ID : A5AC8AD1B900346B9A55</b>
Mailing Address 512 Rosemont Dr			Amount of Each Receipt this Period 75.00 Process Credit Card; Ornament 2014
City Charlottesville	State VA	Zip Code 22903-7694	
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF VA	Occupation Senior Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00		

Full Name (Last, First, Middle Initial) <b>C. Ginky Harshey-Meade</b>			Date of Receipt 11 / 20 / 2014 <b>Transaction ID : A6197C149D3C84123B87</b>
Mailing Address 8423 Piney Orch			Amount of Each Receipt this Period 150.00 Credit Card Processing; Ornaments 2014 x2
City Blacklick	State OH	Zip Code 43004-8047	
FEC ID number of contributing federal political committee. C			
Name of Employer OHIO NURSES ASSOC	Occupation Ohio Nurses Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

**A. Faith M. Jones**  
Full Name (Last, First, Middle Initial)  
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 1225.00

Date of Receipt 11 / 20 / 2014  
**Transaction ID : A255C59334399461CA34**  
Amount of Each Receipt this Period 225.00  
Credit Card Processing; Ornaments 2014 x3

**B. Jesse Kennedy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2526 Crowther Dr  
City Eugene State OR Zip Code 97404-2377  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation Information Requested  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 11 / 20 / 2014  
**Transaction ID : AE49B2D68951C4C87B99**  
Amount of Each Receipt this Period 150.00  
Manually processed by ANA-PAC

**c. Linda M. Gural**  
Full Name (Last, First, Middle Initial)  
Mailing Address 93 Dickinson Ave  
City Toms River State NJ Zip Code 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 1029.12

Date of Receipt 11 / 24 / 2014  
**Transaction ID : AC77E191D73E7443FB8D**  
Amount of Each Receipt this Period 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	2473.01

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

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

FOR LINE NUMBER:  
(check only one)

<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. APPEL FOR IOWA, INC.**

Mailing Address PO BOX 702

City Des Moines State IA Zip Code 50303-0702

Purpose of Disbursement

Candidate Name  
**Staci Appel**

Office Sought:  House  
 Senate  
 President  
State: IA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : **B571AB2E181094645906**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MARK PRYOR FOR US SENATE**

Mailing Address PO BOX 2720

City Little Rock State AR Zip Code 72203-2720

Purpose of Disbursement

Candidate Name  
**Sen. Mark L. Pryor**

Office Sought:  House  
 Senate  
 President  
State: AR District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : **BBF85C080AB454014A78**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PAT MURPHY FOR IOWA**

Mailing Address PO BOX 692

City Dubuque State IA Zip Code 52004-0692

Purpose of Disbursement

Candidate Name  
**Patrick Joseph Murphy**

Office Sought:  House  
 Senate  
 President  
State: IA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : **BAE2BB3E49240463EAD2**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. PETE AGUILAR FOR CONGRESS**

Mailing Address PO BOX 10954

City San Bernardino State CA Zip Code 92423-0954

Purpose of Disbursement

Candidate Name

**Pete Aguilar**

Office Sought:  House  
 Senate  
 President

State: CA District: 31

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 29 / 2014

Transaction ID : **BF0DEB029F72446E0B07**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BRALEY FOR IOWA**

Mailing Address PO BOX 856

City Des Moines State IA Zip Code 50304-0856

Purpose of Disbursement

Candidate Name

**Bruce L Braley**

Office Sought:  House  
 Senate  
 President

State: IA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : **B77D5923FF5E7465FA5F**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Bonnie Watson Coleman for Congress**

Mailing Address 180 Upland Avenue

City Ewing State NJ Zip Code 08638-2330

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : **B979B9F278F084D0CA57**

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

<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 Rogers State AR Zip Code 72757-0671

Purpose of Disbursement  
Redesignation of disbursement originally recorded on 5/14/2014

Candidate Name  
**Sen. John N. Boozman**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: AR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2014			

**Transaction ID : B8D66BCDFB4814536B0D**

Amount of Each Disbursement this Period

1000.00
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**[MEMO ITEM]**

Redesignation of disbursement originally recorded on 5/14/2014

Full Name (Last, First, Middle Initial)

**B. BOOZMAN FOR ARKANSAS**

Mailing Address PO BOX 671

City Rogers State AR Zip Code 72757-0671

Purpose of Disbursement  
Correction of originally recorded disbursement on 5/14/2014

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	/	D	D	/	Y	Y	Y	Y
11			07			2014			

**Transaction ID : BF5B3E7D0AD6948CDA24**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Correction of originally recorded disbursement on 5/14/2014

Full Name (Last, First, Middle Initial)

**C. Martin Heinrich for Congress**

Mailing Address 499 S Capitol St SW Ste 422

City Washington State DC Zip Code 20003-4028

Purpose of Disbursement  
Originally recorded disbursement on 6/25/14

Candidate Name  
**Sen. Martin T. Heinrich**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2014			

**Transaction ID : BEA1414FAA0AD4E059BA**

Amount of Each Disbursement this Period

1000.00
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**[MEMO ITEM]**

Originally recorded disbursement on 6/25/14

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. Martin Heinrich for Senate**

Mailing Address 499 South Capitol St SW, Ste 422

City Washington State DC Zip Code 20003-4028

Purpose of Disbursement  
Redesignation and corrected name of originally recorded disbursement on 6/25/14

Candidate Name  
**Sen. Martin T. Heinrich**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2014			

Transaction ID : **BD8D40BD1942A4F07BD7**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Redesignation and corrected name of originally recorded disbursement on 6/25/14

Full Name (Last, First, Middle Initial)

**B. KAY HAGAN FOR US SENATE**

Mailing Address PO BOX 29103

City Greensboro State NC Zip Code 27429-9103

Purpose of Disbursement  
Correction of originally recorded disbursement on 06/22/2011

Candidate Name  
**Sen. Kay R. Hagan**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : **B6F171956EE61482BA39**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Correction of originally recorded disbursement on 06/22/2011

Full Name (Last, First, Middle Initial)

**C. KAY HAGAN FOR US SENATE**

Mailing Address PO BOX 29103

City Greensboro State NC Zip Code 27429-9103

Purpose of Disbursement  
Redesignation of disbursement originally recorded on 06/22/2011

Candidate Name  
**Sen. Kay R. Hagan**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2014			

Transaction ID : **B4312F2B94C3342F0A7C**

Amount of Each Disbursement this Period

1000.00
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**[MEMO ITEM]**

Redesignation of disbursement originally recorded on 06/22/2011

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Correction of originally recorded disbursement on 11/13/2013

Candidate Name  
**Sen. Jerry Moran**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2014			

Transaction ID : **BB898D07A0A7842CB90B**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Correction of originally recorded disbursement on 11/13/2013

Full Name (Last, First, Middle Initial)

**B. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Redesignation of disbursement originally recorded on 11/13/13

Candidate Name  
**Sen. Jerry Moran**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2014			

Transaction ID : **BC0A1FF064731415AA34**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Redesignation of disbursement originally recorded on 11/13/13

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF BERNIE SANDERS**

Mailing Address PO BOX 391

City Burlington State VT Zip Code 05402-0391

Purpose of Disbursement

Candidate Name  
**Sen. Bernie Sanders**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: VT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2014			

Transaction ID : **BECD41AB312F44410A8D**

Amount of Each Disbursement this Period

4000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<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. DONALD M PAYNE JR FOR CONGRESS**

Mailing Address PO BOX 2406

City Newark State NJ Zip Code 07114-0406

Purpose of Disbursement  
Correction of reported contribution to the late Rep. Donald Payne; contribution went to Donald M Payne

Candidate Name  
**Rep. Donald M. Payne Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  Other (specify) ▼  
State: NJ District: 10

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2014

**Transaction ID : B859260BD5CD4489B87B**

Amount of Each Disbursement this Period

1000.00
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**[MEMO ITEM]**

Correction of reported contribution to the late Rep. Donald Payne; contribution went to Donald M Payne

Full Name (Last, First, Middle Initial)

**B. PAYNE FOR CONGRESS**

Mailing Address 1924 Oakwood St

City Temple Hills State MD Zip Code 20748-5653

Purpose of Disbursement  
Redesignation from Payne Sr. campaign to Donald M Payne Jr Campaign

Candidate Name  
**Rep. Donald M. Payne**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  Other (specify) ▼  
State: NJ District: 10

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2014

**Transaction ID : BEFD8B0E9344147B3886**

Amount of Each Disbursement this Period

1000.00
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**[MEMO ITEM]**

Redesignation from Payne Sr. campaign to Donald M Payne Jr Campaign

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  
 Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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

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

0.00
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13000.00
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