

**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  
08 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2013

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  
09 20 2013

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 Y  
08 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		43885.93
(b) Cash on Hand at Beginning of Reporting Period.....	59729.88	
(c) Total Receipts (from Line 19) .....	31693.76	198969.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	91423.64	242855.72
7. Total Disbursements (from Line 31) .....	2104.33	153536.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	89319.31	89319.31
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)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
08	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
08	/	31	/	2013

**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).....

4595.05

48668.43

(ii) Unitemized .....

27098.71

150301.36

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

31693.76

198969.79

(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) .....

31693.76

198969.79

## 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))..... ▶

31693.76

198969.79

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

31693.76

198969.79

# **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.....	2000.00	146000.00
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	7432.08
(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	7432.08
29. Other Disbursements .....	104.33	104.33
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)) ..	2104.33	153536.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2104.33	153536.41

**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) .....	31693.76	198969.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	7432.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31693.76	191537.71
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)

☒ 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. SANDRA J. BONSTELLE

Mailing Address 3437 E Dunlap Ave

City State Zip Code  
 Phoenix AZ 85028-4979

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

M M / D D / Y Y Y Y Y  
 08 / 13 / 2013

Transaction ID : AB7A582EACF3044989D8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sherry L Brown

Mailing Address 9336 Timber Crest Ln

City State Zip Code  
 Indianapolis IN 46256-8415

FEC ID number of contributing federal political committee.

C

Name of Employer

Methodist Hospital, Clarian Health Par

Occupation

Nurse Practitioner/Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 22 / 2013

Transaction ID : A16F520D35DF147C3916

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nora Castinllo

Mailing Address 1522 Attridge Ave

City State Zip Code  
 Los Angeles CA 90063-1930

FEC ID number of contributing federal political committee.

C

Name of Employer

White Memorial Medical Center

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 10 / 2013

Transaction ID : A0D695D7682EE407AB4A

Amount of Each Receipt this Period

120.00

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

620.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 17

☒ 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. Barbara 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

Occupation

Retired

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : AAFC1CA0F9EC14BA9AC**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Karen Daley**

Mailing Address American Nurses Association  
8515 Georgia Ave. Ste. 400

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

American Nurses Assn

President - American Nurses Associatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : AE7AA320680A04E80864**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Katherine Falco**

Mailing Address 23637 White Oak Ct

City State Zip Code  
Newhall CA 91321-3743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Spine Institute

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2013

**Transaction ID : AA39097E010984D97BF3**

Amount of Each Receipt this Period

250.00

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

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

475.00

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

Use separate schedule(s)  
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PAGE 8 OF 17

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

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. MARY E. FOLEY**

Mailing Address 963 Duncan St

City

San Francisco

State

CA

Zip Code

94131-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of California San Francisco Hosp

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : A40D0AB60D2A84A89A9B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Linda M. Gural**

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 ▼

429.24

Date of Receipt

08 / 08 / 2013

**Transaction ID : A4FD7880E1729418EAD7**

Amount of Each Receipt this Period

54.24

Full Name (Last, First, Middle Initial)

**C. Dr. Debbie D. Hatmaker**

Mailing Address 8710 Cameron St #413

City

Silver Spring

State

MD

Zip Code

20910-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANA

Occupation

Chief Professional Practice Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 14 / 2013

**Transaction ID : A5A1530D1D7A34B009AE**

Amount of Each Receipt this Period

90.00

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

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

394.24



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

Use separate schedule(s)  
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PAGE 9 OF 17

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

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. DEBRA E. HEIDRICH**

Mailing Address 9657 Friar Tuck Dr

City

West Chester

State

OH

Zip Code

45069-4250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trihealth

Occupation

NURSING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 05 / 2013

Transaction ID : A5FA4C9DD53AE4800B0B

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Ms. Judith A Huntington**

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 ▼

1000.00

Date of Receipt

08 / 08 / 2013

Transaction ID : AF2CB77CAD2F346829A7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Carolyn Krause**

Mailing Address 734 Bear Claw Way #302t

City

Madison

State

WI

Zip Code

53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meriter Hospital

Occupation

RN ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.64

Date of Receipt

08 / 14 / 2013

Transaction ID : AAE55999BBC3F4B7A918

Amount of Each Receipt this Period

2.08

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

402.08

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

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

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FOR LINE NUMBER:  
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PAGE 10 OF 17

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Lucinda G. LEPLEY**

Mailing Address 2504 SW 120th

City

Oklahoma City

State

OK

Zip Code

73170-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dr. Brian Lepley

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : A46AEEC89AC114735B3E**

Amount of Each Receipt this Period

265.00

Full Name (Last, First, Middle Initial)

**B. Judi M. Lyons**

Mailing Address 1405 W Dolarway Rd

City

Ellensburg

State

WA

Zip Code

98926-9314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KITTITAS VALLEY COMM HOSP

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : A03C7B5DAD3464300988**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Edith Morgan**

Mailing Address 241 Wildwood Dr

City

Greenville

State

MS

Zip Code

38701-7629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Morgan Family Clinic

Occupation

Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : A87680E9EC9E445F691B**

Amount of Each Receipt this Period

250.00

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

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

865.00

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

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FOR LINE NUMBER:  
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PAGE 11 OF 17

☒ 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. 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 ▼

250.03

Date of Receipt

08 / 04 / 2013

**Transaction ID : AACC8D430D9CE470DA9F**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mrs. Donna Orlando**

Mailing Address 1538 S Medio River Cir

City

Sugar Land

State

TX

Zip Code

77478-5313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Orthopedic Hospital

Occupation

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 31 / 2013

**Transaction ID : A7CC6EBE8633443BCB2F**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. JUI TING PENG**

Mailing Address PO Box 505

City

Bellingham

State

WA

Zip Code

98227-0505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. JOSEPH HOSP

Occupation

Medical Surgical Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : A94D066C9CAA242C0AAD**

Amount of Each Receipt this Period

240.00

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

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

343.33

**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 12 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**

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:

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

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

**Transaction ID : A018F2AE4AA1E4119828**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. GAIL PRUETT**

Mailing Address 2648 Burton Rd

City

Durham

State

NC

Zip Code

27704-3811

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Duke University

Occupation

RN

Receipt For:

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2013

**Transaction ID : A8B675916B0FF4629B43**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Ms. Marcia G. SHLOUSH**

Mailing Address 1220 Gettysvue Way

City

Knoxville

State

TN

Zip Code

37922-5978

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Roane State Comm College

Occupation

RN Educator

Receipt For:

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

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2013

**Transaction ID : AE0BDBDD06056440F9A5**

Amount of Each Receipt this Period

250.00

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

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

301.66

# **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 17

☒ 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. Laura N Sidlinger**

Mailing Address 5703 SW 33rd Ct

City

Topeka

State

KS

Zip Code

66614-4564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washburn University

Occupation

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.64

Date of Receipt

08 / 01 / 2013

**Transaction ID : A815C3998C6134E1F829**

Amount of Each Receipt this Period

2.08

Full Name (Last, First, Middle Initial)

**B. MARY J. SLETTEN**

Mailing Address 1007 Cedardale Dr

City

Las Cruces

State

NM

Zip Code

88005-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dona Ana Community College

Occupation

Adminstrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.06

Date of Receipt

08 / 26 / 2013

**Transaction ID : AA368B323BB7F4600992**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. SUSAN Y. SWART**

Mailing Address 33 S Main St

City

Manteno

State

IL

Zip Code

60950-1529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Nurses Assn

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2013

**Transaction ID : A231EE3BC132C458D899**

Amount of Each Receipt this Period

50.00

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

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

93.74

# **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 17

☒ 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. 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 ▼

600.00

Date of Receipt

08 / 19 / 2013

**Transaction ID : AB49F10BC50E14B44B69**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. JANETTE M. WOODS**

Mailing Address PO Box 306777

City

St. Thomas

State

VI

Zip Code

00803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Education

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 19 / 2013

**Transaction ID : A6215287E771345DABDD**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. JANETTE M. WOODS**

Mailing Address PO Box 306777

City

St. Thomas

State

VI

Zip Code

00803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Education

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A6E9CFE9C4F7942BE9FA**

Amount of Each Receipt this Period

100.00

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

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

800.00

# **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 17

☒ 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. Vanessa Worsham**

Mailing Address 502 Trotters Ridge Way

City

Severn

State

MD

Zip Code

21144-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army Nurse Corps

Occupation

RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2013

Transaction ID : A7B9FB07CD72C4EFC34

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 ▼

650.00

Date of Receipt

08 / 28 / 2013

Transaction ID : A2AA918190093463184B

Amount of Each Receipt this Period

50.00

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

Amount of Each Receipt this Period

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

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

300.00

4595.05

**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 16 OF 17

<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. FRIENDS OF JOHN CONYERS**

Mailing Address 5 Rosecraft Dr

City	State	Zip Code
Fredricksberg	VA	22407

Purpose of Disbursement

Candidate Name

**Rep. John Conyers Jr.**

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

State: MI District: 13

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 Y
08		21		2013

**Transaction ID : B9B8E30032B3D477D977**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Mailing Address PO Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement  
check issued 5/8/2013 voided, lost in the mail

Candidate Name

**Sen. Mark Steven Kirk**

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

State: IL District:

Disbursement For: 2016
<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 Y
08		06		2013

**Transaction ID : B9069113DE7254DE08DE**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**C. Kirk for Senate**

Mailing Address PO Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement

Candidate Name

**Sen. Mark Steven Kirk**

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

State: IL District:

Disbursement For: 2016
<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 Y
08		07		2013

**Transaction ID : B577557A0FA0A48599E7**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
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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 17 OF 17

<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. Kirk for Senate**

Mailing Address PO Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement

Candidate Name

**Sen. Mark Steven Kirk**

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

State: IL District:

Disbursement For: 2016
<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
08		21		2013

**Transaction ID : B57A440A302444CBCB8F**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition PAC**

Mailing Address 315 C St SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

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

State: District:

Disbursement For: 2013
<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
08		07		2013

**Transaction ID : B109E9A391CCA41B6A67**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. New Democrat Coalition PAC**

Mailing Address 315 C St SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
check issued 5/29/2013 voided, lost in the mail

Candidate Name

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

State: District:

Disbursement For: 2013
<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
08		07		2013

**Transaction ID : B4C1A16DFA52944CA802**

Amount of Each Disbursement this Period

-2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
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2000.00
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