

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 Silver Spring MD 20910

2. FEC IDENTIFICATION NUMBER C C00017525 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 09 / 01 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jan C. Polizzi

Signature of Treasurer Jan C. Polizzi [Electronically Filed] Date 10 / 21 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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.....	149459.76	
(c) Total Receipts (from Line 19)	13453.31	238660.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	162913.07	317444.23
7. Total Disbursements (from Line 31).....	86755.00	241286.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	76158.07	76158.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

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).....	2892.51	55013.33
(ii) Unitemized	10560.80	183646.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13453.31	238660.28
(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)	13453.31	238660.28
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))..... ▶	13453.31	238660.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13453.31	238660.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	86600.00	240600.00
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	155.00	272.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	155.00	272.00
29. Other Disbursements	0.00	414.16
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86755.00	241286.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86755.00	241286.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13453.31	238660.28
34. Total Contribution Refunds (from Line 28(d))	155.00	272.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13298.31	238388.28
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: (check only one)	PAGE 6 OF 32
	<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	

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)
A. Lisa Cowan

Mailing Address 24 Ways Run

City Landenberg State PA Zip Code 19350-1242

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

Name of Employer Information Requested
Occupation Registered Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 02 / 2014
Transaction ID : A95ABDC8569A14CF9AE7

Amount of Each Receipt this Period
250.00

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 Occupation
President ANA Maine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
09 / 07 / 2014
Transaction ID : AA7C8E0589B9A4FF7A83

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 Occupation
Md Anderson RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.67

Date of Receipt
09 / 08 / 2014
Transaction ID : A825E729E6BE74A6ABCB

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 483.34

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: PAGE 7 OF 32
(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. 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 ▼
590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : AF4C4F2BF5631447DB0A

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
270.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : AC39DF48B2256446587A

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
225.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : A286FA67B811646D29F5

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.83

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:	PAGE 8 OF 32
	(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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. 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 **333.36**

Date of Receipt **09 / 14 / 2014**
Transaction ID : A98833163EEA3491DA52
 Amount of Each Receipt this Period **83.34**

B. Dr. Thomas Ray Coe Fache MBA Mha Nea BC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4110 Osco Williams Dr
 City Pall Mall State TN Zip Code 38577-4054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William US Army Beaumont Medical Ctr Occupation Transition Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 16 / 2014**
Transaction ID : AD0EA463965EC4AE6972
 Amount of Each Receipt this Period **500.00**

C. Pamela Kuykendall
 Full Name (Last, First, Middle Initial)
 Mailing Address 10052 Dixie Hwy
 City Ira State MI Zip Code 48023-2820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Paul Health System Occupation RN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 16 / 2014**
Transaction ID : AD6CBDA10A8DE41A4926
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **833.34**
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 9 OF 32
	<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

A. Colleen M. Casper
Full Name (Last, First, Middle Initial)

Mailing Address 1879 S Xenia Ct

City Denver State CO Zip Code 80231-3331

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

Name of Employer CO Nurses Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 17 / 2014
Transaction ID : A51F31B59394D4E97A14

Amount of Each Receipt this Period
1000.00

B. Dr. SANDRA COTTON
Full Name (Last, First, Middle Initial)

Mailing Address 33 Chardonnay Dr

City Morgantown State WV Zip Code 26508-5225

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

Name of Employer Wvu Son Occupation Educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
09 / 18 / 2014
Transaction ID : AC93BD00746774D03A7F

Amount of Each Receipt this Period
100.00

C. Dr. Colleen Leners
Full Name (Last, First, Middle Initial)

Mailing Address 3738 Via Del Conquistador

City San Diego State CA Zip Code 92117-5741

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

Name of Employer Dept of the Navy Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
09 / 18 / 2014
Transaction ID : A4C7EEE745326468D9B1

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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: PAGE 10 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)
A. Ms. Norma Rodgers

Mailing Address 1208 Watchung Ave Apt 2

City Plainfield State NJ Zip Code 07060-2604

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

Name of Employer ALTANA PHARMA Occupation Senior Site Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **555.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2014

Transaction ID : A9AF44047BC774A81851

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Susan A. Shively

Mailing Address 125A Kingswood Dr

City Campbellsville State KY Zip Code 42718-9634

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

Name of Employer Central KY Surgical Services Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : A16E445527EBA4E15B7C

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	2892.51

**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. COMMITTEE TO ELECT CLEARY FOR CONGRESS

Mailing Address PO BOX 28778

City Raleigh State NC Zip Code 27611-8778

Purpose of Disbursement

Candidate Name
Brenda Lewis Cleary

Office Sought: House
 Senate
 President
State: NC District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : BBA51B0D5F67747A9B57

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738-0437

Purpose of Disbursement

Candidate Name
Rep. Tim H. Bishop

Office Sought: House
 Senate
 President
State: NY 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
09 / 10 / 2014

Transaction ID : BD4F6F59F82754998B41

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. DELBENE FOR CONGRESS

Mailing Address PO BOX 487

City Bothell State WA Zip Code 98041-0487

Purpose of Disbursement

Candidate Name
Rep. Suzan K. DelBene

Office Sought: House
 Senate
 President
State: WA 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
09 / 17 / 2014

Transaction ID : B1676C2E42DB84FBAAB6

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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. DUFFY FOR CONGRESS

Mailing Address PO BOX 538

City Wausau State WI Zip Code 54402-0538

Purpose of Disbursement

Candidate Name
Rep. Sean P. Duffy

Office Sought: House Senate President
State: WI District: 07
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B52E27EC2C596404598E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement

Candidate Name
David P Joyce

Office Sought: House Senate President
State: OH District: 14
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **BE4973186B8104F4B94C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JIM MCDERMOTT

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111-3786

Purpose of Disbursement

Candidate Name
Rep. Jim A. McDermott

Office Sought: House Senate President
State: WA District: 07
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B2C5B9BD935664512BEC**

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED 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. FRIENDS OF JOHN BOEHNER

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement

Candidate Name
Rep. John A. Boehner

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **BB79AC16C842A4D51860**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Mary Landrieu Inc

Mailing Address 10 G St NE, Ste 460

City Washington State DC Zip Code 20002-4298

Purpose of Disbursement

Candidate Name
Sen. Mary L. Landrieu

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B0599873DB9444768A2F**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Kirk for Senate

Mailing Address 55 W Monroe Ste 940

City Chicago State IL Zip Code 60603-5141

Purpose of Disbursement

Candidate Name
Sen. Mark Steven Kirk

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B9DEAA95F72EA4E789DF**

Amount of Each Disbursement this Period

1000.00

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

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

4600.00

**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. Langevin For Congress

Mailing Address 181 A Knight St

City Warwick State RI Zip Code 02886-1296

Purpose of Disbursement

Candidate Name
Rep. Jim R. Langevin

Office Sought: House
 Senate
 President
State: RI District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **BD48F742AF436498C8F1**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lee Terry for Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement

Candidate Name
Rep. Lee R. Terry

Office Sought: House
 Senate
 President
State: NE District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B3697F2C60DBA4562894**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LOBIONDO FOR CONGRESS

Mailing Address 1707 Prince St #5

City Alexandria State VA Zip Code 22314-2804

Purpose of Disbursement

Candidate Name
Rep. Frank A. LoBiondo

Office Sought: House
 Senate
 President
State: NJ District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **BF23C205EB55744B1B97**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

Use separate schedule(s)
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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. LOFGREN FOR CONGRESS

Mailing Address PO Box 8081

City San Jose State CA Zip Code 95155-8081

Purpose of Disbursement

Candidate Name
Rep. Zoe Lofgren

Office Sought: House
 Senate
 President
State: CA District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B32AC17C2B461485EA88**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MAJORITY COMMITTEE

Mailing Address P.O. BOX 10134

City Bakersfield State CA Zip Code 93389-0134

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B8A98B63E0F1148CD8F5**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812-1738

Purpose of Disbursement

Candidate Name
Rep. Doris O. Matsui

Office Sought: House
 Senate
 President
State: CA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **BC3FE85C0B9DB4804856**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement

Candidate Name
Rep. Mike Thompson

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014

Transaction ID : B4CDC05DC88FA4E47BF8

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. NORMA TORRES FOR CONGRESS

Mailing Address 728 W EDNA PLACE

City Covina State CA Zip Code 91722-3222

Purpose of Disbursement

Candidate Name
Norma Torres

Office Sought: House
 Senate
 President
State: CA District: 35

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014

Transaction ID : BD3FBCFDDDA1D45E6987

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. People for Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594-1129

Purpose of Disbursement

Candidate Name
Rep. Ben R. Lujan

Office Sought: House
 Senate
 President
State: NM 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
09 / 17 / 2014

Transaction ID : B64F763C840C7442A972

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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. 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

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **BE7A9DB1CDEE44995BAB**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PETER DEFAZIO FOR CONGRESS

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477-0152

Purpose of Disbursement

Candidate Name
Rep. Peter A. DeFazio

Office Sought: House
 Senate
 President
State: OR District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **B25CD3184932D476FB16**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RICHARD HANNA FOR CONGRESS COMMITTEE

Mailing Address 2308 GENESEE STREET

City Utica State NY Zip Code 13502-5810

Purpose of Disbursement

Candidate Name
Rep. Richard L. Hanna

Office Sought: House
 Senate
 President
State: NY District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **BA921D64EF17E4D72B80**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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. SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City New Orleans State LA Zip Code 70183-0219

Purpose of Disbursement

Candidate Name
Rep. Steve Scalise

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : **BC6A1C3F1C83C4AA19FF**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Chris Coons for Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714-5000

Purpose of Disbursement

Candidate Name
Sen. Christopher A. Coons

Office Sought: House
 Senate
 President
State: DE District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2014

Transaction ID : **B6F11364B4DCB43A39B9**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City Minneapolis State MN Zip Code 55458-3144

Purpose of Disbursement

Candidate Name
Sen. Al Franken

Office Sought: House
 Senate
 President
State: MN District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : **B08C6A6F923AD4C23901**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement

Candidate Name
Rep. Ami Bera

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : **B2F82E86C9236491F95A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO ELECT MARTHA ROBERTSON

Mailing Address PO BOX 54

City Dryden State NY Zip Code 13053-0054

Purpose of Disbursement

Candidate Name
Martha Robertson

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : **BA740B23400EA467F930**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHN TIERNEY FOR CONGRESS

Mailing Address 49 Federal St

City Salem State MA Zip Code 01970

Purpose of Disbursement
VOID -

Candidate Name
Rep. John F. Tierney

Office Sought: House
 Senate
 President
State: MA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : **BAF5394EA4FE141F6A10**

Amount of Each Disbursement this Period

-500.00

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

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

1500.00

**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. LENDA SHERRELL FOR CONGRESS

Mailing Address PO BOX 330767

City Murfreesboro State TN Zip Code 37133-0767

Purpose of Disbursement

Candidate Name
Lenda Sherrell

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : B5A8EA76AB503444EB99

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LOBIONDO FOR CONGRESS

Mailing Address 1707 Prince St #5

City Alexandria State VA Zip Code 22314-2804

Purpose of Disbursement

Candidate Name
Rep. Frank A. LoBiondo

Office Sought: House
 Senate
 President
State: NJ District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : BA9C174BC229F469997D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PAYNE FOR CONGRESS

Mailing Address 1924 Oakwood St

City Temple Hills State MD Zip Code 20748-5653

Purpose of Disbursement

Candidate Name
Rep. Donald M. Payne

Office Sought: House
 Senate
 President
State: NJ District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2014

Transaction ID : B904E1681AF7447149BE

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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. PELOSI FOR CONGRESS

Mailing Address 235 Montgomery St
Ste 610

City San Francisco State CA Zip Code 94104-2915

Purpose of Disbursement

Candidate Name
Rep. Nancy Pelosi

Office Sought: House
 Senate
 President
State: CA District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : **B1FC608C33064459BABC**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address PO Box 1986

City Raleigh State NC Zip Code 27602-1986

Purpose of Disbursement

Candidate Name
Rep. David E. Price

Office Sought: House
 Senate
 President
State: NC District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : **B1620A337AEB3471380A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schakowsky for Congress

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204-5130

Purpose of Disbursement

Candidate Name
Rep. Jan D. Schakowsky

Office Sought: House
 Senate
 President
State: IL District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : **BC3E7F5C8CFE74A4298E**

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. ALASKANS FOR BEGICH 2014

Mailing Address PO BOX 410

City Palmer State AK Zip Code 99645-0410

Purpose of Disbursement

Candidate Name
Sen. Mark Begich

Office Sought: House
 Senate
 President
State: AK District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : BCF27070263AC4D8BABA

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : BA1B8A8F4C34A4BAFAE4

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. 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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : B7E51A403543A4ABDB6B

Amount of Each Disbursement this Period

1500.00

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

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

6500.00

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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. CAIN FOR CONGRESS

Mailing Address P.O. BOX 1523

City Bangor State ME Zip Code 04402-1523

Purpose of Disbursement

Candidate Name
Emily Ann Cain

Office Sought: House
 Senate
 President
State: ME District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **B3DE5654283324205954**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. CARL DEMAIO FOR CONGRESS

Mailing Address PO BOX 27227

City San Diego State CA Zip Code 92198-1227

Purpose of Disbursement

Candidate Name
Carl Demaio

Office Sought: House
 Senate
 President
State: CA District: 52

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **BCA7719DC7C8A4F0DB02**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. CAROL SHEA-PORTER FOR CONGRESS

Mailing Address PO BOX 453

City Rochester State NH Zip Code 03866-0453

Purpose of Disbursement

Candidate Name
Rep. Carol Shea-Porter

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **BD80D9270C1084D83AEB**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105-0442

Purpose of Disbursement

Candidate Name
Rep. Charlie W. Dent

Office Sought: House
 Senate
 President
State: PA District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **B71594EA0BA6F4086ACC**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR BOYLE

Mailing Address PO BOX 11545

City Philadelphia State PA Zip Code 19116-0545

Purpose of Disbursement

Candidate Name
Brendan F Boyle

Office Sought: House
 Senate
 President
State: PA District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **BF02AA2717DB0442D806**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Congressman Chris Smith

Mailing Address PO Box 3184

City Hamilton State NJ Zip Code 08619-0184

Purpose of Disbursement

Candidate Name
Rep. Chris H. Smith

Office Sought: House
 Senate
 President
State: NJ District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **B5E05B51898B54B82933**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 NORCROSS FOR CONGRESS

Mailing Address PO BOX 160

City Collingswood State NJ Zip Code 08108-0160

Purpose of Disbursement

Candidate Name
Donald W Norcross

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : **B8D23262487164DD597D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement

Candidate Name
David P Joyce

Office Sought: House
 Senate
 President
State: OH District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : **B49DD7FCC20294322962**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DON BEYER

Mailing Address 1751 POTOMAC GREENS DRIVE

City Alexandria State VA Zip Code 22314-6233

Purpose of Disbursement

Candidate Name
Donald Sternoff Beyer JR

Office Sought: House
 Senate
 President
State: VA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : **B7975F8258F814C1A9C0**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

**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. FRIENDS OF JOHN CONYERS

Mailing Address 5 Rosecraft Dr

City State Zip Code
Fredericksburg VA 22407-2345

Purpose of Disbursement

Candidate Name
Rep. John Conyers Jr.

Office Sought: House
 Senate
 President
State: MI District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : B26A284A3A5A240C18A4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City State Zip Code
Albuquerque NM 87125-0422

Purpose of Disbursement

Candidate Name
Rep. Michelle Lujan Grisham

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : BAB47EB12FA0947AB989

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GRAHAM FOR CONGRESS

Mailing Address PO BOX 310

City State Zip Code
Tallahassee FL 32302-0310

Purpose of Disbursement

Candidate Name
Gwen Graham

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2014

Transaction ID : BF604E8FA1D4944E9945

Amount of Each Disbursement this Period

2000.00

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

4000.00

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. GRAVES FOR CONGRESS

Mailing Address 2345 GRAND, SUITE 2400

City Kansas City State MO Zip Code 64108-2642

Purpose of Disbursement

Candidate Name
Rep. Sam B. Graves Jr.

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MO District: 06

Date of Disbursement

/ /

Transaction ID : B0822C4320DB34B1E9FD

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JAMES LEE WITT FOR CONGRESS

Mailing Address PO BOX 36

City Dardanelle State AR Zip Code 72834-0036

Purpose of Disbursement

Candidate Name
James Lee Witt

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: AR District: 04

Date of Disbursement

/ /

Transaction ID : BB4D3143465EB45C8BC3

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Loeb sack for Congress

Mailing Address PO Box 1457

City Iowa City State IA Zip Code 52244-1457

Purpose of Disbursement

Candidate Name
Rep. Dave W. Loeb sack

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IA District: 02

Date of Disbursement

/ /

Transaction ID : B7B51D4A9654D4A3EBE9

Amount of Each Disbursement this Period

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

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. MARK DESAULNIER FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement

Candidate Name
Mark Desaulnier

Office Sought: House
 Senate
 President
State: CA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : B20D9EB8B456A4C95830

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MARK POCAN FOR CONGRESS

Mailing Address 309 N BALDWIN ST

City Madison State WI Zip Code 53703-1701

Purpose of Disbursement

Candidate Name
Rep. Mark Pocan

Office Sought: House
 Senate
 President
State: WI District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : BAC0CEBC145534C1E998

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. 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
09 / 29 / 2014

Transaction ID : BE601CA43696342B690A

Amount of Each Disbursement this Period

2500.00

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

5500.00

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. MARK TAKAI FOR CONGRESS

Mailing Address PO BOX 2267

City Pearl City State HI Zip Code 96782-9267

Purpose of Disbursement

Candidate Name
Kyle Mark Takai

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **BB0D80F014168490D88E**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MCKINLEY FOR CONGRESS

Mailing Address PO BOX 642

City Morgantown State WV Zip Code 26507-0642

Purpose of Disbursement

Candidate Name
Rep. David B. McKinley

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **B52D3F45520FE4030967**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. NORMA TORRES FOR CONGRESS

Mailing Address 728 W EDNA PLACE

City Covina State CA Zip Code 91722-3222

Purpose of Disbursement

Candidate Name
Norma Torres

Office Sought: House
 Senate
 President
State: CA District: 35

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : **B3F4E2B74907141ACB41**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. PAT MURPHY FOR IOWA

Mailing Address PO BOX 692

City State Zip Code
Dubuque IA 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	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : BDF A2369802F94656954

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City State Zip Code
Taylorville IL 62568-0344

Purpose of Disbursement

Candidate Name
Rep. Rodney L. Davis

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : B09B4FD7F0ABD4F1A9C6

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Schakowsky for Congress

Mailing Address PO Box 5130

City State Zip Code
Evanston IL 60204-5130

Purpose of Disbursement

Candidate Name
Rep. Jan D. Schakowsky

Office Sought: House
 Senate
 President
State: IL District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	4

Transaction ID : BBD845011A41240338D6

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. STEVE COHEN FOR CONGRESS

Mailing Address 349 KENILWORTH PLACE

City Memphis State TN Zip Code 38112-5405

Purpose of Disbursement

Candidate Name
Rep. Steve I. Cohen

Office Sought: House
 Senate
 President
State: TN District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : **B881AF247ACB64FB0850**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 217 3rd St SE

City Washington State DC Zip Code 20003-1904

Purpose of Disbursement

Candidate Name
Rep. Pat J. Tiberi

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : **BAECE3D4DAA64FE7844**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Yarmuth for Congress

Mailing Address 1815 Brownsboro Rd
Ste 100

City Louisville State KY Zip Code 40206-2186

Purpose of Disbursement

Candidate Name
Rep. John A. Yarmuth

Office Sought: House
 Senate
 President
State: KY 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
09 / 29 / 2014

Transaction ID : **B0632154D885B4777901**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

86600.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Richard A. Ridge

Mailing Address PO Box 1205

City Neptune State NJ Zip Code 07754-1205

Purpose of Disbursement
Refund of 7/1/2014 contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : B4E219544F6974F2CAA5

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Pathways to Health

Mailing Address 28960 US hwy 19N Ste 112

City Clearwater State FL Zip Code 33761-2403

Purpose of Disbursement
Refund of corp ck sent on 8/1/2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : B3C51953310B241CABA9

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

155.00

155.00