

# 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  
06 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2012

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 Mrs. Jennifer Davis

Signature of Treasurer

Mrs. Jennifer Davis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 19 2012

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  
OnlyFEC 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  
06 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

	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;">2012</span>		<span style="border: 1px solid black; padding: 2px;">108105.83</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">90627.97</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">49411.00</span>	<span style="border: 1px solid black; padding: 2px;">244802.30</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">140038.97</span>	<span style="border: 1px solid black; padding: 2px;">352908.13</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">43025.00</span>	<span style="border: 1px solid black; padding: 2px;">255894.16</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">97013.97</span>	<span style="border: 1px solid black; padding: 2px;">97013.97</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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
0	6		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

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).....	19812.48	54642.46
(ii) Unitemized .....	29598.52	190159.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	49411.00	244802.30
(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) .....	49411.00	244802.30
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)) .....	49411.00	244802.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49411.00	244802.30

**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.....	43000.00	255000.00
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 .....	25.00	894.16
(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)).....	25.00	894.16
29. Other Disbursements .....	0.00	0.00
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)) ..	43025.00	255894.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43025.00	255894.16

**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) .....	49411.00	244802.30
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	894.16
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49386.00	243908.14
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 38

☒ 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. MARY L. MOSER**

Mailing Address 7500 South Hudson Rd

City

Hudson

State

IA

Zip Code

50643-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Med Ctr

Occupation

RN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 01 / 2012

Transaction ID : A5D39C6F914A54BC09E3

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Jean A. Ansley**

Mailing Address 849 Kingswood Dr

City

Lima

State

OH

Zip Code

45804-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIMA MEMORIAL HEALTH CENT

Occupation

Staff Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

324.98

Date of Receipt

06 / 03 / 2012

Transaction ID : ABA88E24EB24E4D58A82

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 04 / 2012

Transaction ID : A75562F74934D4715AC5

Amount of Each Receipt this Period

200.00

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

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

370.83

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

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. JUDITH A. COLLINS**

Mailing Address 2814 Tremont Ave

City

Davenport

State

IA

Zip Code

52803-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Psychology Assoc

Occupation

Clinical Nurse Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2012

**Transaction ID : A60FF969EFE664C7D905**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Dr. Maureen E. Shekleton**

Mailing Address 805 Edgewood

City

Glen Ellyn

State

IL

Zip Code

60137-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aana

Occupation

Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

**Transaction ID : A89D0A9A093FB41F7897**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. VIRGINIA T. BETTS**

Mailing Address 425 5th Ave N

City

Nashville

State

TN

Zip Code

37243-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TN Dept of Mental Health & Devel Disab

Occupation

Commission of Mental Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2012

**Transaction ID : A639C78BB72FE403DB32**

Amount of Each Receipt this Period

250.00

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. MARYLEE PAKIESER**

Mailing Address 1230 Randall Ct

City

Traverse City

State

MI

Zip Code

49686-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VHA

Occupation

Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.38

Date of Receipt

06 / 09 / 2012

**Transaction ID : A87E4567E74044A98A3D**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Pamela S Robbins**

Mailing Address 10980 W Joliet Rd

City

Peotone

State

IL

Zip Code

60468-8908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TINLEY WOOD SURGERY CENTE

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2012

**Transaction ID : AEC3FEA59E90548709B9**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Dr. Connie Rae Barker**

Mailing Address 15515 Wood Sorrel

City

San Antonio

State

TX

Zip Code

78247-5504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

El Paso Nurses Unlimited

Occupation

Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

06 / 12 / 2012

**Transaction ID : A69ED05E955224D5FA30**

Amount of Each Receipt this Period

41.66

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

133.32

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



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

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Cheryl A. Peterson**

Mailing Address 9417 Riley Place

City

Silver Spring

State

MD

Zip Code

20910-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Nurses Association

Occupation

Associate Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 14 / 2012

**Transaction ID : A82BA13F542364FDD947**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel J. O'Neal**

Mailing Address 3103b W. El Prado Blvd

City

Tampa

State

FL

Zip Code

33629-8946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Institute of Dental &

Occupation

WOC Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2012

**Transaction ID : A6037EB3C044B4FB0947**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Janice E. Bussert**

Mailing Address 9427 SW 268th St

City

Vashon

State

WA

Zip Code

98070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wsna Nurses On Staff

Occupation

RN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 14 / 2012

**Transaction ID : A497551B74EE94FB5BBD**

Amount of Each Receipt this Period

350.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. JULIA Weinberg**

Mailing Address 7078 Ershig Rd

City State Zip Code  
Bow WA 98232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SKAGIT VALLEY HOSP

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 14 / 2012

**Transaction ID : A8FFD3355FBE54612B2C**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Cynthia Reno BALKSTRA**

Mailing Address 31 Highview Ln

City State Zip Code  
Dahlonega GA 30533-3533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Candler Hospital

Occupation  
CASE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 14 / 2012

**Transaction ID : A696493200A52440E9CD**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Rose Iris Gonzalez**

Mailing Address 3318 Cullers Ct

City State Zip Code  
Woodbridge VA 22192-1085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANA

Occupation  
Director Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 14 / 2012

**Transaction ID : A088A0BEFAF7B4990A0A**

Amount of Each Receipt this Period

150.00

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

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

700.00

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

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FOR LINE NUMBER: PAGE 11 OF 38  
(check only one)

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

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Rose Iris Gonzalez**

Mailing Address 3318 Cullers Ct

City State Zip Code  
Woodbridge VA 22192-1085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANA

Occupation

Director Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : AE6F6800EEB37407C935**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Elissa E. Brown**

Mailing Address 15651 Dickens Street, #115

City State Zip Code  
Encino CA 91436-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Affairs Nursing Center of Sep

Occupation

Clinical Nurse Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : A2A28579CDE3F47FDB12**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Ms. Kathryn G. Gatins**

Mailing Address 850 Hwy 18w

City State Zip Code  
Gray GA 31032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Macon College

Occupation

Associate Professor of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : ACF41AF06C56E4C41895**

Amount of Each Receipt this Period

50.00

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

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

500.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathryn G. Gatins**

Mailing Address 850 Hwy 18w

City State Zip Code  
 Gray GA 31032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Macon College

Occupation

Associate Professor of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 14 / 2012

**Transaction ID : AC51FA030A7184AF5A45**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Diane L. Winfrey**

Mailing Address 3710 Latimore Rd

City State Zip Code  
 Shaker Heights OH 44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VETERANS HEALTH

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 15 / 2012

**Transaction ID : ADC17D68B8F6C4719A83**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. CAROLYN ROBERTS**

Mailing Address 3692 State Hwy 14

City State Zip Code  
 Santa Fe NM 87508-8063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW MEXICO NURSES ASSOCIA

Occupation

Executive Director of NMNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 15 / 2012

**Transaction ID : AF24921F826D74BB18C3**

Amount of Each Receipt this Period

100.00

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

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

550.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. LINDA K. GROAH**

Mailing Address 5 Mateo Dr

City

Belvedere Tiburon

State

CA

Zip Code

94920-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Hospital

Occupation

Other

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

06 / 16 / 2012

**Transaction ID : A9A3DA9407BFE4E59A7C**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jean A. Ansley**

Mailing Address 849 Kingswood Dr

City

Lima

State

OH

Zip Code

45804-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIMA MEMORIAL HEALTH CENT

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.98

Date of Receipt

06 / 16 / 2012

**Transaction ID : A8F563AB413AB44D299B**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Ms. NANCY M. DANIELS**

Mailing Address 3142 Satellite Dr

City

San Antonio

State

TX

Zip Code

78217-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alamo Mental Health Group

Occupation

Psychiatric Clinical Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2012

**Transaction ID : ABD8762E889F3405AA53**

Amount of Each Receipt this Period

125.00

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

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

640.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

## **A. GINNY MEADE**

Mailing Address 653 Culpepper Dr

City

Reynoldsburg

State

OH

Zip Code

43068-7256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OHIO NURSES ASSOC

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2012

**Transaction ID : AB3B5F9D33948471BAF7**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Nicole R BLOOM**

Mailing Address 1914 Oceanfront

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAMC

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 19 / 2012

**Transaction ID : A90AAE1FCF78B4217853**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. KATHY H. Dalton**

Mailing Address 64 Main St

City

Addyston

State

OH

Zip Code

45001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY HOSP

Occupation

Clinical Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 19 / 2012

**Transaction ID : AE6F9848067F14A98B37**

Amount of Each Receipt this Period

350.00

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

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

1200.00

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

 Use separate schedule(s)  
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<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. PATRICIA L HOLLOMAN**

Mailing Address 27-40 Ericsson St

City

East Elmhurst

State

NY

Zip Code

11369-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Council Of Nursing Practitione

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	2

Transaction ID : A873E7A9EEDE84E7995D

Amount of Each Receipt this Period

350.00

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 ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	2

Transaction ID : AE1CA2BF810D64F03860

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. SARA MCCUMBER**

Mailing Address 2004 Lackawanna Ave

City

Superior

State

WI

Zip Code

54880-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duluth Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	2

Transaction ID : A67EAAAC67913B4834AC6

Amount of Each Receipt this Period

1000.00

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

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

1700.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. TOM E. STENVIG**

Mailing Address P o Box 3

City

Nunda

State

SD

Zip Code

57050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Dakota St Univ

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 19 / 2012

**Transaction ID : A24470514770244C3842**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Donna M. Policastro**

Mailing Address 293 Whitford Ave

City

Providence

State

RI

Zip Code

02908-3354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Association of Nurses

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.35

Date of Receipt

06 / 19 / 2012

**Transaction ID : A1EB528A282634755828**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Georgina DENNIK CHAMPION**

Mailing Address 4233 Lookout Trail

City

Mc Farland

State

WI

Zip Code

53558-9730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wisconsin Nurses Assoc.Dist.12

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2012

**Transaction ID : A5ABB9449C73B4F50960**

Amount of Each Receipt this Period

250.00

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

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

750.00



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

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. MARYLEE PAKIESER**

Mailing Address 1230 Randall Ct

City

Traverse City

State

MI

Zip Code

49686-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VHA

Occupation

Nurse Practitioner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

358.38

Date of Receipt

06 / 19 / 2012

**Transaction ID : A9EFDAB4125784D3BA75**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Ms. JOYLYNN L. DANIELS**

Mailing Address 2712 Brookdale Ct

City

Crestview Hills

State

KY

Zip Code

41017-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Mt Airy Hospital

Occupation

RN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 19 / 2012

**Transaction ID : ACF24FA6D15AF454DB1D**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Ms. KATHLEEN PHILLIPS**

Mailing Address 37 Parkside Dr

City

Warwick

State

RI

Zip Code

02888

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kathleen Phillips

Occupation

Nurse Practitioner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 19 / 2012

**Transaction ID : AC4A1C6E5A4F044539D5**

Amount of Each Receipt this Period

55.00

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

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

430.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

### A. Marion Poirier

Mailing Address 95 -584 Naholoholo St

City Mililani State HI Zip Code 96789

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Chief Nursing Officer or Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 19 / 2012

Transaction ID : A3D0048D0C6E44C8DB38

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

### B. Ms. KATHLEEN PHILLIPS

Mailing Address 37 Parkside Dr

City Warwick State RI Zip Code 02888

FEC ID number of contributing federal political committee.

C

Name of Employer

Kathleen Phillips

Occupation

Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 19 / 2012

Transaction ID : AD7094D6C849D4978A7A

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

### C. Susan E King

Mailing Address 4712 SW Flower Ct

City Portland State OR Zip Code 97221-2928

FEC ID number of contributing federal political committee.

C

Name of Employer

Oregon Nurses Assc

Occupation

Admin for Prof Svcs - ORNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 19 / 2012

Transaction ID : A540C9C36C49F426C9CB

Amount of Each Receipt this Period

350.00

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

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

850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<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. 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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	2

**Transaction ID : A3FC5923DA99E4ED5A37**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. SHIRLEY A RHODES-MCDONALD**

Mailing Address 5831 Bobbitt

City

Bartlett

State

TN

Zip Code

38134-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

METHODIST SOUTH HOSP

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	2

**Transaction ID : A0F787F660C454E898E3**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**c. Tracy A. Ruegg**

Mailing Address 245 Oakham Ct

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State Univ

Occupation

Adult Nse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	2

**Transaction ID : A8DAA78606F80411DB9E**

Amount of Each Receipt this Period

100.00

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

187.50

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

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

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Lori L. Loice**

Mailing Address 5803 Macon Dr

City

Huntsville

State

AL

Zip Code

35802-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huntsville Hosp

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2575.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A9BC34D870D3C40B385C**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Dr. Lori L. Loice**

Mailing Address 5803 Macon Dr

City

Huntsville

State

AL

Zip Code

35802-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huntsville Hosp

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2575.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A59F84CF466EB435BAE4**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Sue Hartranft**

Mailing Address 2658 Meadow Wood Dr

City

Clearwater

State

FL

Zip Code

33761-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Hospital; Nurse Recruiter

Occupation

Other

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A22064E0D27394706AD3**

Amount of Each Receipt this Period

405.00

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

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

2980.00

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

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. SARAH R. EISSLER**

Mailing Address 6038 River Dr

City  
Lorton

State  
VA

Zip Code  
22079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanent Inc

Occupation

Executive Director Mobile Medical Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2012

Transaction ID : A945809C536D34FF9B2F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Desma R. Reno**

Mailing Address PO Box 562

City  
Jackson

State  
MO

Zip Code  
63755-0562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeast MSU

Occupation

Gerontological Cns

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2012

Transaction ID : A1620A0721BAD4B7596D

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Becky M. PATTON**

Mailing Address 2382 Woodward St

City  
Lakewood

State  
OH

Zip Code  
44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY HOSP

Occupation

Atkinson Scholar in Perioperative Nurs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 23 / 2012

Transaction ID : ABF0AE8D597384AED87A

Amount of Each Receipt this Period

1000.00

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

1600.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

**A. PATRICIA MESSMER**

Mailing Address 4300 Jackson St

City

Hollywood

State

FL

Zip Code

33021-7218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MIAMI DADE COLLEGE

Occupation

Nurse Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2012

Transaction ID : A2E1E3782B8C24A1E882

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Pat Barnett**

Mailing Address 51 Ferry St

City

Lambertville

State

NJ

Zip Code

08530-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey State Nurse

Occupation

Other

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2012

Transaction ID : A66D44727B1BF4393980

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Marie Garwood**

Mailing Address N2921 County Rd K

City

Darien

State

WI

Zip Code

53114-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wi Bureau Quality Assurance

Occupation

Nurse Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2012

Transaction ID : A0A33F3F7BA204F898B2

Amount of Each Receipt this Period

250.00

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

370.00

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 23 OF 38  
(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. Dr. Elizabeth O. Dietz**

Mailing Address 2054 Folle Blanche Dr

City State Zip Code  
San Jose CA 95135-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Alec Group

Occupation

Director Health Occupations Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2012

**Transaction ID : A67DC7F32333943F489A**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Judi M. Lyons**

Mailing Address 1405 W. Dolarway Rd

City State Zip Code  
Ellensburg WA 98926

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

MM / DD / YYYY  
06 / 23 / 2012

**Transaction ID : A264B0A3E68584749B7E**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Lea Acord**

Mailing Address 5211 Wagon Trl

City State Zip Code  
Racine WI 53402-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marquette University

Occupation

Dean

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2012

**Transaction ID : A799A0224EFE74C908E5**

Amount of Each Receipt this Period

500.00

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

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

1050.00

# **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 24 OF 38

☒ 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. Renee Cacchiotti**

Mailing Address 1 Ginger Circle

City

Cranston

State

RI

Zip Code

02921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Hos

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A497BF6F473084FDDA36**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Mary Colleen C. CAMPBELL**

Mailing Address 1740 Belvoir Circle

City

Clovis

State

NM

Zip Code

88101-3917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Plains Regional Med Center

Occupation

Nurse Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : AAE8635A9AF9649089C1**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Joyce A. Cox**

Mailing Address 1410 Pinecrest Dr NE

City

Lancaster

State

OH

Zip Code

43130-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steven D. Cox Md Inc.

Occupation

Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : AAD95B98D9CCF4ECFB21**

Amount of Each Receipt this Period

350.00

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

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

1050.00



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

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

FOR LINE NUMBER: PAGE 25 OF 38  
(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. Sarah L Marshall**

Mailing Address PO Box 274

City

Garden City

State

NY

Zip Code

11530-0274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Other

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A03A4DFD0A2AF4FB1AB1**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Dr. Cathy E. Duguette**

Mailing Address 234 Delano Dr

City

North Kingstown

State

RI

Zip Code

02852-3024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Hos

Occupation

Chief Nursing Officer or Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : AF65341F192C24CB1BD8**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. MARYLEE PAKIESER**

Mailing Address 1230 Randall Ct

City

Traverse City

State

MI

Zip Code

49686-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VHA

Occupation

Nurse Practitioner

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

708.38

Date of Receipt

06 / 23 / 2012

**Transaction ID : A41D178F5FC5C41F5810**

Amount of Each Receipt this Period

350.00

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

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

1100.00

# **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 26 OF 38

☒ 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. Melissa M. Goldberg**

Mailing Address 29621 K St

City

Ocean Park

State

WA

Zip Code

98640-4817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ocean Beach Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A1C8C023C0CAE4B7A81D**

Amount of Each Receipt this Period

330.00

Full Name (Last, First, Middle Initial)

**B. Ms. Kim Armstrong**

Mailing Address PO Box 354

City

Olalla

State

WA

Zip Code

98359-0354

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tacoma General

Occupation

Staff Nurs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A8D15366E307147DD919**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Tim P. Porter O'Grady**

Mailing Address 529 Crystal Creek Rd

City

Otto

State

NC

Zip Code

28763-8119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tim Porter-o'grady Associates Inc.

Occupation

Senior Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A28447EAC988F459AA55**

Amount of Each Receipt this Period

500.00

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

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

1030.00

# **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 27 OF 38

☒ 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. ROBIN Kimball-Potter**

Mailing Address 13132 St Andrews Dr

City

Okla. City

State

OK

Zip Code

73120-8528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bethany Pavilion

Occupation

Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A8F71D6A537B74147951**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. MARY CISCO**

Mailing Address PO Box 17445

City

Indianapolis

State

IN

Zip Code

46217-0445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana University

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.53

Date of Receipt

06 / 23 / 2012

**Transaction ID : A3401249B66F14564AB7**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Mr. William R Donovan**

Mailing Address 439 16th St Apt 3r

City

Brooklyn

State

NY

Zip Code

11215-8802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MT SIANI MED CENTER

Occupation

Senior Software Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2012

**Transaction ID : A4BD1DB4D4CC44E198D8**

Amount of Each Receipt this Period

250.00

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

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

620.83

19812.48

**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 28 OF 38

<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. KUSTER FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

Mailing Address P.O. BOX 1498

City	State	Zip Code
CONCORD	NH	03302

**Transaction ID : B38FFD799A8714A4EB3D**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**Ann McLane Kuster**Category/  
Type

2500.00
---------

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

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NH District: 02

Full Name (Last, First, Middle Initial)

**B. PINGREE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Mailing Address PO BOX 17613

City	State	Zip Code
PORTLAND	ME	04112

**Transaction ID : B99D6054B2D2B4B57B60**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**Rep. Chellie M Pingree**Category/  
Type

1000.00
---------

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

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ME District: 01

Full Name (Last, First, Middle Initial)

**C. UPTON FOR ALL OF US**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Mailing Address PO Box 490

City	State	Zip Code
St Joseph	MI	49085

**Transaction ID : BB10AFE51CD2545D48EE**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**Rep. Fred Upton**Category/  
Type

1000.00
---------

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

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 06

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

4500.00
---------

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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 29 OF 38

<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. David Cicilline for Congress**

Mailing Address 102 Waterman St Ste 2

City Providence	State RI	Zip Code 02906
--------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Rep. David N. Cicilline**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : B5CB995BB73CA4C0A83B**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Allyson Schwartz For Congress**

Mailing Address PO Box 2232

City Jenkinson	State PA	Zip Code 19046
-------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Rep. Allyson Y. Schwartz**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : BB6D0FFC6EF194F7D807**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Blumenauer For Congress**Mailing Address 830 NE Holladay  
Ste 105

City Portland	State OR	Zip Code 97232
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Rep. Earl Blumenauer**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : B2B84BD85AD7244CB9CC**

Amount of Each Disbursement this Period

2500.00
---------

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

6000.00
---------

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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 30 OF 38

<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. Paul Tonko for Congress**

Mailing Address POBox 221

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement

Candidate Name

**Rep. Paul D. Tonko**

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

State: NY District: 21

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : B52C730D5C1194FFCB3C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. THE BILL KEATING COMMITTEE**

Mailing Address P.O. BOX 3065

City	State	Zip Code
BUZZARDS BAY	MA	02532

Purpose of Disbursement

Candidate Name

**Rep. William R. Keating**

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

State: MA District: 10

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : B0A0B325365BA4D04B44**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. GRAVES FOR CONGRESS**

Mailing Address 2345 GRAND, SUITE 2400

City	State	Zip Code
KANSAS CITY	MO	64108

Purpose of Disbursement

Candidate Name

**Rep. Samuel B. Graves**

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

State: MO District: 06

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : B9495DCD61B854CB098D**

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
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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 31 OF 38

<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. McNerney for Congress**

Mailing Address 5429 Madison Ave

City	State	Zip Code
Sacramento	CA	95840

Purpose of Disbursement  
lost check from 5/30/12. Check designated for the Primary election but was  
lost in the mail and returned

Candidate Name

**Rep. Jerry McNerney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : B9233B563B0614FA8AEC**

Amount of Each Disbursement this Period

-2000.00
----------

Full Name (Last, First, Middle Initial)

**B. Klobuchar For Minnesota**

Mailing Address PO Box 4146

City	State	Zip Code
St Paul	MN	55104

Purpose of Disbursement

Candidate Name

**Sen. Amy Klobuchar**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

**Transaction ID : B6FA8D9D6EC51478BAAE**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. ANGUS KING FOR US SENATE CAMPAIGN**Mailing Address 135 MAINE STREET  
PO BOX 368

City	State	Zip Code
BRUNSWICK	ME	04011

Purpose of Disbursement

Candidate Name

**Angus Stanley King JR**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : B03A335BBF1F846E9ADA**

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)..... ►

2500.00
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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 32 OF 38

<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

Purpose of Disbursement

Candidate Name

**Rep. Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : BBE96F3352DD4495D92E**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JULIAN SCHREIBMAN**

Mailing Address PO BOX 3151

City KINGSTON State NY Zip Code 12402

Purpose of Disbursement

Candidate Name

**Julian D Schreiber**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2012

**Transaction ID : B5933534AAF3541B69ED**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

Candidate Name

**Heidi Heitkamp**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : B21C94313CA1E476BA22**

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).....▶

6000.00
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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 33 OF 38

<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. Levin For Congress Committee**

Mailing Address 230 N Levin

City	State	Zip Code
Mt. Clements	MI	48043

Purpose of Disbursement

Candidate Name

**Rep. Sander M. Levin**

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

Disbursement For: 2012

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

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : B7F6CF82EAD4C4BBBA22**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Gerry Connolly for Congress**

Mailing Address PO Box 563

City	State	Zip Code
Merrifield	VA	22116

Purpose of Disbursement

Candidate Name

**Rep. Gerald E. Connolly**

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

Disbursement For: 2012

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

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

**Transaction ID : B8E4371823F3E4C45882**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Max Baucus**

Mailing Address PO Box 586

City	State	Zip Code
Helene	MT	59624

Purpose of Disbursement

Candidate Name

**Sen. Max Baucus**

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

Disbursement For: 2014

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

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : B2FB37BA5C0BB448E84A**

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
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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 34 OF 38

<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. LOUISE SLAUGHTER RE ELECTION Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Mailing Address PO Box 366

**Transaction ID : B59C5FF466A6C4D90985**

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Candidate Name

**Rep. Louise M. Slaughter**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 28

Full Name (Last, First, Middle Initial)

**B. HOYER FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Mailing Address 7095 Malcolm Rd Ste 102

**Transaction ID : BF53874CA59644704BD1**

City Clinton	State MD	Zip Code 20735
-----------------	-------------	-------------------

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Candidate Name

**Rep. Steny H. Hoyer**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Full Name (Last, First, Middle Initial)

**C. LOU BARLETTA FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2012

Mailing Address 1529 TERRACE BLVD  
101 WEST BROAD STREET**Transaction ID : BBDC4E86365644BECB3A**

City HAZLETON	State PA	Zip Code 18201
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Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Candidate Name

**Rep. Lou Barletta**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 11

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

3000.00
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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 35 OF 38

<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. McNerney for Congress**

Mailing Address 5429 Madison Ave

City	State	Zip Code
Sacramento	CA	95840

Purpose of Disbursement  
reissue of lost check from 5/30/12. Check was lost in the mail and returned  
back to ANA. We are send

Candidate Name

**Rep. Jerry McNerney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : B01239E0B86B9440CA9C**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City	State	Zip Code
GIG HARBOR	WA	98335

Purpose of Disbursement

Candidate Name

**Derek Kilmer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

**Transaction ID : BFBC62D07CCDA4DC3A5C**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Citizens For Rush**

Mailing Address PO Box 7292

City	State	Zip Code
Chicago	IL	60680

Purpose of Disbursement

Candidate Name

**Rep. Bobby L. Rush**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

**Transaction ID : B074D375DA1F64410A51**

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).....▶

4500.00
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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 37 OF 38

<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. PAM GULLESON FOR NORTH DAKOTA**

Mailing Address PO BOX 6517

City	State	Zip Code
FARGO	ND	58109

Purpose of Disbursement

Candidate Name

**Pam Guleson**

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

Disbursement For: 2012

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

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

**Transaction ID : BA7728C7B54684780B85**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. RICHARD E NEAL for CONGRESS COMMITTEE**

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement

Candidate Name

**Rep. Richard E. Neal**

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

Disbursement For: 2012

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

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

**Transaction ID : B30E8000E0D014F88A32**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bartlett for Congress Committee**

Mailing Address PO BOX 245

City	State	Zip Code
Middleton	MD	21769

Purpose of Disbursement

Candidate Name

**Rep. Roscoe G. Bartlett**

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

Disbursement For: 2012

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

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2012

**Transaction ID : BB976F6C134544E60868**

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).....▶

4500.00
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43000.00
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	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Nurses Association PAC

### A. Cardidad Murillo

Mailing Address 1321 Murchison

City	State	Zip Code
El Paso	TX	79902-4820

Purpose of Disbursement	mistakenly paid pledge 2x, on 5/3/12 and 6/3/12. Asked for refund.
-------------------------	--

Candidate Name

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

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Three date pickers are shown, each with a label above it: 'MM', 'DD', and 'YYYY'. The first picker shows '06', the second shows '21', and the third shows '2012'. Each picker has a grid of buttons for selection.

Transaction ID : BE974F97AAF554AF2B7D

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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

25.00

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

25.00