

**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
12 01 2011

through

M M M / D D D / Y Y Y Y Y Y
12 31 2011

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. J Davis

Signature of Treasurer

Mrs. J Davis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 31 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
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
12		01		2011

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2011</td></tr></table>	Y	Y	Y	Y	Y	2011						<table><tr><td colspan="5">29737.49</td></tr></table>	29737.49				
Y	Y	Y	Y	Y													
2011																	
29737.49																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">91213.15</td></tr></table>	91213.15															
91213.15																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">23211.99</td></tr></table>	23211.99					<table><tr><td colspan="5">378848.15</td></tr></table>	378848.15									
23211.99																	
378848.15																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">114425.14</td></tr></table>	114425.14					<table><tr><td colspan="5">408585.64</td></tr></table>	408585.64									
114425.14																	
408585.64																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">6319.31</td></tr></table>	6319.31					<table><tr><td colspan="5">300479.81</td></tr></table>	300479.81									
6319.31																	
300479.81																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">108105.83</td></tr></table>	108105.83					<table><tr><td colspan="5">108105.83</td></tr></table>	108105.83									
108105.83																	
108105.83																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2011

To:

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2011

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).....

3529.16

49791.64

(ii) Unitemized

19682.83

329049.60

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

23211.99

378841.24

(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)

23211.99

378841.24

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

6.91

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))..... ▶

23211.99

378848.15

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

23211.99

378848.15

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	314.31	314.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	314.31	314.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	299000.00
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	5.00	1165.50
(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)).....	5.00	1165.50
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)) ..	6319.31	300479.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6319.31	300479.81

DETAILED SUMMARY PAGE
of Disbursements

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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)	23211.99	378841.24
34. Total Contribution Refunds (from Line 28(d))	5.00	1165.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23206.99	377675.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	314.31	314.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	314.31	314.31

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 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Susan A. Clark

Mailing Address 903 N. Linden 143

City

Normal

State

IL

Zip Code

61761

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Nurses Association

Occupation

Other

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : AFCE6E4EBA9A7424CAB4

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Robert D. Elliott

Mailing Address 124 North F St

City

Lake Worth

State

FL

Zip Code

33460-3336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : A6E0077A89DDE40FC943

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. FRANCES J. PULLIAM

Mailing Address 15466 State Hwy U

City

Bernie

State

MO

Zip Code

63822-7103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : AEFDEB945955E41B0AA1

Amount of Each Receipt this Period

25.00

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

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

170.00

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 20

(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. Susan A. Shively

Mailing Address 803 Lebanon Ave

City State Zip Code
 Campbellsville KY 42718-1809

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Information requested

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 01 2011

Transaction ID : A9C0563259D204099BC4

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Elaine Sommer

Mailing Address 1861 White Ibis Ct

City State Zip Code
 Clover SC 29710

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Caromont Health

SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 07 2011

Transaction ID : A760ACFD1C24E4543B88

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. KAREN L. TOMAJAN

Mailing Address Integris Baptist Medical Center
 1209 Sw 113th Street

City State Zip Code
 Oklahoma City OK 73170

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Integris Baptist

Clinical/Regulatory Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 07 2011

Transaction ID : A7E27CBD516F54338A92

Amount of Each Receipt this Period

25.00

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

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

70.83

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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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. Dr. Elizabeth O. Dietz

Mailing Address 2054 Folle Blanche Dr

City

San Jose

State

CA

Zip Code

95135-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Alec Group

Occupation

Professor/Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2011			

Transaction ID : AD8E0DBB4F68A458FBC5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert D. Elliott

Mailing Address 124 North F St

City

Lake Worth

State

FL

Zip Code

33460-3336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2011			

Transaction ID : A061BB9AB331D4ACA89C

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr. DIANA L. TAYLOR

Mailing Address 640 Davis St #13

City

San Francisco

State

CA

Zip Code

94111-1947

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California

Occupation

Director & Professor Emerita

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2011			

Transaction ID : AF786425D51FF44EEAE6

Amount of Each Receipt this Period

25.00

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

150.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Joanne S Stevens

Mailing Address 4909 Majestic Prince Ct

City

Raleigh

State

NC

Zip Code

27606-4270

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Insitutes of Health

Occupation

Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 12 / 2011

Transaction ID : A8C908943C1E1457082F

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Rose Iris Gonzalez

Mailing Address 3318 Cullers Ct

City

Woodbridge

State

VA

Zip Code

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 ▼

500.00

Date of Receipt

12 / 13 / 2011

Transaction ID : AC07DC10D81ED42ACA47

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marla J. WESTON

Mailing Address 1126 25th St NW

Apt 4

City

Washington

State

DC

Zip Code

20037-1464

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Nurses Association

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

12 / 14 / 2011

Transaction ID : A99D11AB53FFC4742938

Amount of Each Receipt this Period

500.00

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

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

790.00

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. 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 ▼

430.00

Date of Receipt

12 / 16 / 2011

Transaction ID : AC4D865A83F314554AE8

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. Teresa Small

Mailing Address 1006 Brettwald Dr

City

Morgantown

State

WV

Zip Code

26505-9414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Waynesburg College

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 18 / 2011

Transaction ID : A25FB9DE66FB447FD833

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. BARBARA Thoman CURTIS

Mailing Address 1823 Ridgewood Ave # 212

City

Daytona Beach

State

FL

Zip Code

32117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 19 / 2011

Transaction ID : A6FE3B5E2BD4E402BB30

Amount of Each Receipt this Period

500.00

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

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

545.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 11 OF 20

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

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. 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

Retired

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 19 / 2011

Transaction ID : A81CC60715C6B42F19C0

Amount of Each Receipt this Period

25.00

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 ▼

500.00

Date of Receipt

12 / 21 / 2011

Transaction ID : A0C7FE44EFE0746409F3

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Stephanie F Jenkins

Mailing Address 10 Roslin Ct

City

Pinehurst

State

NC

Zip Code

28374-8885

FEC ID number of contributing
federal political committee.

C

Name of Employer

First Health Reginal Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

12 / 21 / 2011

Transaction ID : A5A466C8408904CBE8C4

Amount of Each Receipt this Period

10.00

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

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

60.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Barbara A Crane

Mailing Address 8 Vernon Place

City

Smithtown

State

NY

Zip Code

11787-4915

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Catherine of Siena Medical Center

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

12 / 21 / 2011

Transaction ID : A0638269FDF6A455CB2E

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. BARBARA Thoman CURTIS

Mailing Address 1823 Ridgewood Ave # 212

City

Daytona Beach

State

FL

Zip Code

32117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 22 / 2011

Transaction ID : AC1589BC4B06C475A990

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. KAREN DALEY

Mailing Address 8515 Georgia Ave
Suite 400

City

Silver Spring

State

MD

Zip Code

20910-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Nurses Assn

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.35

Date of Receipt

12 / 22 / 2011

Transaction ID : A5E4F1A85AD88424F9E4

Amount of Each Receipt this Period

83.33

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

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

608.33

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

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

FOR LINE NUMBER: PAGE 13 OF 20

(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. VERONICA E NAYLOR

Mailing Address 255 Joyner Circle

City State Zip Code
 Rural Hall NC 27045

FEC ID number of contributing
federal political committee.

C

Name of Employer
 LAKE FOREST UNIV MED CTR

Occupation
 RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 26 2011

Transaction ID : A32573E9C702F4C8992F

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. SYLVIA WEBER

Mailing Address 84 Shaw Ave

City State Zip Code
 Cranston RI 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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 27 2011

Transaction ID : A6B62B82BFC364B25903

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. SARA L JARRETT

Mailing Address 2751 S. Macon Circle

City State Zip Code
 Aurora CO 80014-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Regis University

Occupation
 Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 27 2011

Transaction ID : A75864B99C4E94D8C89F

Amount of Each Receipt this Period

250.00

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

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

310.00

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 14 OF 20

☒ 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. Linda S. Warino

Mailing Address 6151 Leffingwell Rd

City State Zip Code
 Canfield OH 44406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Reserve Care Syst

Occupation

Other

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 29 / 2011

Transaction ID : AE513025735A04C0D800

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DORCAS KUNKEL

Mailing Address 6761 48th Ave SE

City State Zip Code
 Bismarck ND 58504-9227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alltrure Health System

Occupation

R.N

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 30 / 2011

Transaction ID : AC09021EA0929440F8EC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PATRICIA MESSMER

Mailing Address 4300 Jackson St

City State Zip Code
 Hollywood FL 33021-7218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Mercy Hospital

Occupation

RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 30 / 2011

Transaction ID : A54436E16E027472CBE9

Amount of Each Receipt this Period

500.00

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

800.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

☒ 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. ROSEMARY A. CORRIGAN

Mailing Address 636 W. Briar Place

City

Chicago

State

IL

Zip Code

60657-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : A94AA0E2690E4495DB81

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

25.00

3529.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

<input checked="" 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 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. Bank of America

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261-7025

Purpose of Disbursement
bank fees that were not reported with the 2/27/09 report

Candidate Name

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

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

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2011

Transaction ID : B69F0B22B10DC45DE886

Amount of Each Disbursement this Period

314.31

B.

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
State:	District:

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

Category/
Type

Date of Disbursement

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

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
State:	District:

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

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

314.31

314.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

<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. Allyson Schwartz For Congress

Mailing Address PO Box 2232

City	State	Zip Code
Jenkinstown	PA	19046

Purpose of Disbursement

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2011

Transaction ID : BD4FC4A25ECF445C1A4B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BONAMICI FOR CONGRESS

Mailing Address PO BOX 1632

City	State	Zip Code
BEAVERTON	OR	97075

Purpose of Disbursement

Candidate Name

Suzanne Bonamici

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

Transaction ID : B873CE80C2AD842E7B69

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. LOBIONDO FOR CONGRESS

Mailing Address 1707 Prince St #5

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Voided ck from 5/5/08 never cashed

Candidate Name

Rep. Frank A. LoBiondo

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : B707F339785D0418990C

Amount of Each Disbursement this Period

-3000.00

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

1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

<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 STARK FOR CONGRESS

Mailing Address PO box 8337

City Fremont	State CA	Zip Code 94537
-----------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Rep. Pete Stark

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

State: CA District: 13

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
12		21		2011

Transaction ID : BE530ECA4818D478F80B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeff Merkley for SenateMailing Address 888 16th St NW
Ste 570A

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Sen. Jeff Merkley

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

State: OR District:

Disbursement For: 2014

<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
12		14		2011

Transaction ID : B694B48FEAFDB494E8F3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dan10

Mailing Address 1088 Bishop St Ste 1009

City Honolulu	State HI	Zip Code 96813
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Sen. Daniel K. Inouye

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

State: HI District:

Disbursement For: 2016

<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
12		07		2011

Transaction ID : B186719AA4931412FB64

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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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 19 OF 20

<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. SUSAN ADAMS FOR CONGRESS

Mailing Address 68 MITCHELL BLVD SUITE 250

City	State	Zip Code
SAN RAFAEL	CA	94903

Purpose of Disbursement

Candidate Name

Susan L Adams

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

State: CA District: 06

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

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2011

Transaction ID : B4D2A5CD659664A0B9E6

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Childers for Congress

Mailing Address PO Box 636

City	State	Zip Code
Annandale	VA	22003

Purpose of Disbursement

Voided ck from 6/5/08 never cashed

Candidate Name

Rep. Travis W. Childers

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

State: MS District: 01

Disbursement For: 2008
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2011

Transaction ID : B3FD980C4AA0546E8B78

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C.

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

State: District:

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

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

500.00

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

<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. Mrs. Lourdnie Burns

Mailing Address 25n Meadow Pond Dr

City
LeominsterState
MAZip Code
01453-4253Purpose of Disbursement
refund processed

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

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

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
12		12		2011

Transaction ID : B36F18A3E01FE4386AF6

Amount of Each Disbursement this Period

5.00

B.

Full Name (Last, First, Middle Initial)

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	/	D D	/	Y Y Y Y Y Y

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: ☐ House
☐ Senate
☐ President
State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5.00

5.00
