

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Nurses Association PAC

ADDRESS (number and street) 8515 Georgia Avenue Suite 400 Silver Spring MD 20910 Check if different than previously reported. (ACC)

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

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

5. Covering Period 10 14 2010 through 11 22 2010

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 Donna M. Policastro Signature of Treasurer Electronically Filed by Donna M. Policastro Date 12 02 2010

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

Table with 8 columns and 1 row. Column 1: Office Use Only. Column 2-8: Empty boxes. Column 9: FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		52484.84
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	44063.03									
(c) Total Receipts (from Line 19)	13444.52	338371.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57507.55	390856.27								
7. Total Disbursements (from Line 31)	32779.00	366127.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24728.55	24728.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	1468.68	65657.22
(ii) Unitemized	11972.63	272672.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13441.31	338329.44
(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)	13441.31	338329.44
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.)	3.21	41.99
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 Transfer (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))	13444.52	338371.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13444.52	338371.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	146.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	146.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	356286.30
24. Independent Expenditure (use Schedule E)	779.00	6845.43
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	349.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	349.00
29. Other Disbursements.....	2500.00	2500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	32779.00	366127.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32779.00	366127.72

DETAILED SUMMARY PAGE
of Disbursements

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	13441.31	338329.44
34. Total Contribution Refunds (from Line 28(d))	0.00	349.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13441.31	337980.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	146.99
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	146.99

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 / 26
<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

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

NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) DONNA M. WARZYNSKI		Date of Receipt
	Mailing Address 2001 Riverview Ave #86		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Stevens Point	WI	54481
	FEC ID number of contributing federal political committee. C		Transaction ID: A11C714C3D3ED4F089BE
Name of Employer Wisconsin Veterans Home		Occupation Director Chronic Care & Oncology Servi	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="50.00"/>

B.	Full Name (Last, First, Middle Initial) JOYLYNN L. DANIELS		Date of Receipt
	Mailing Address 2712 Brookdale Ct		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Crestview Hills	KY	41017-2219
	FEC ID number of contributing federal political committee. C		Transaction ID: A48A5813CC64F464BA1A
Name of Employer Retired		Occupation RN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	<input type="text" value="25.00"/>

C.	Full Name (Last, First, Middle Initial) Mary Eileen Callan		Date of Receipt
	Mailing Address 1410 Harris Rd		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Webster	NY	14580-9314
	FEC ID number of contributing federal political committee. C		Transaction ID: ADC99DE13197441A9A4C
Name of Employer Highland Family Medicine		Occupation FNP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="245.10"/>	<input type="text" value="25.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) JOYCE E. POWELL		Date of Receipt
	Mailing Address 1969 Victoria St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Cuyahoga Falls	OH	44221
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: A47AC0E37906C430AB7A
Name of Employer Akron General Med Center		Occupation RN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 225.00	

B.	Full Name (Last, First, Middle Initial) LINDA M. GURAL		Date of Receipt
	Mailing Address 93 Dickinson Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	City	State	Zip Code
	Toms River	NJ	08753-6773
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: A56DA223EDC344F79A91
Name of Employer COMM MED CTR		Occupation RN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 225.00	

C.	Full Name (Last, First, Middle Initial) Donna M. Policastro		Date of Receipt
	Mailing Address 293 Whitford Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	City	State	Zip Code
	Providence	RI	02908-3354
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: A5689FF3697044CF5965
Name of Employer Aaron Sherman, MD		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 175.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Barbara A Crane		Date of Receipt	
	Mailing Address 8 Vernon Place		M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: AAFD3BE14298E474DB21
	Smithtown	NY	11787-4915	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		25.00		
Name of Employer St. Catherine of Siena Medical Center		Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

B.	Full Name (Last, First, Middle Initial) KAREN DALEY		Date of Receipt	
	Mailing Address 8515 Georgia Ave Suite 400		M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: A299138676E10490C899
	Silver Spring	MD	20910	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		87.85		
Name of Employer American Nurses Association		Occupation American Nurses Association		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 824.31		

C.	Full Name (Last, First, Middle Initial) PATRICIA Diane WERNER		Date of Receipt	
	Mailing Address 117 Lamms Mill Rd		M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: A055D82722B944A2C8E1
	Wernersville	PA	19565-9107	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		10.00		
Name of Employer The Reading Hospital & Medical Ctr		Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional)	▶	122.85
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) SHEELA SATHIYAVAGEESWARAN	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 2550 Olinville Ave #11	Transaction ID: A022159D238234FC5B2F
	City State Zip Code Bronx NY 10467-7440	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Lincoln Medical and Mental Health	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

B.	Full Name (Last, First, Middle Initial) VIRGINIA S. WANGERIN	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 13380 Cedarwood Ave	Transaction ID: AFB60CA4366E94EFA876
	City State Zip Code Clive IA 50325-8573	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Des Moines Area Community College	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) KAREN A. BALLARD	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 22 W. 77th St #36	Transaction ID: A3EE6EB423EE34A2FA39
	City State Zip Code New York NY 10024	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
Name of Employer New York State Nurses Assoc.	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
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 10 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Elizabeth O. Dietz		Date of Receipt MM / DD / YYYY 11 / 04 / 2010		
	Mailing Address 2054 Folle Blanche Dr		Transaction ID: AA58E6726B1164E5B9A0		
	City San Jose	State CA	Zip Code 95135-1251	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer San Jose State University	Occupation Professor/Nurse Practitioner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

B.	Full Name (Last, First, Middle Initial) CARLON MITCHELL		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 1905 Ivyhall Rd		Transaction ID: A379E715CC2674091B56		
	City Charleston	State SC	Zip Code 29407-3523	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SCDHEC	Occupation COMMUNITY ASSISTANCE DEVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Frances E. Beall		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 152 South Burson Ave		Transaction ID: AAA183C4E046D4FFE967		
	City Bogart	State GA	Zip Code 30622-2067	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Georgia	Occupation Nurse Practitioner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

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)	PAGE 11 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Julia Weinberg

Mailing Address 7078 Ershig Rd

City Bow State WA Zip Code 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 ▼ 475.00

Date of Receipt 11 / 05 / 2010

Transaction ID: AA08F33D442704C1F8DA

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Carolyn Krause

Mailing Address 5649 Nutone St

City Fitchburg State WI Zip Code 53711

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

Name of Employer Meriter Hospital Occupation Director of Patient Care Support Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 06 / 2010

Transaction ID: A16B5F4326574458C911

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
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 Aaron Sherman, MD Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt 11 / 06 / 2010

Transaction ID: A516E3DD847C2443896B

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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 12 / 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Carrie HOUSER-JAMES

Mailing Address 462 Meadowlark Dr NE

City Orangeburg State SC Zip Code 29118-2104

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 06 / 2010
Transaction ID: A6FB9518BD7E94997B03

Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
GIL OR CHR E. Samuelson

Mailing Address PO Box 1100

City Evans State GA Zip Code 30809

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

Name of Employer VA Medical Center Augusta, GA Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2010
Transaction ID: AED6EB53FF051424E9E3

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 325.00

Date of Receipt 11 / 12 / 2010
Transaction ID: ADAD86A67B0D941B2B9D

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 175.00

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 13 / 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
JOYLYNN L. DANIELS

Mailing Address 2712 Brookdale Ct

City State Zip Code
Crestview Hills KY 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 ▼ 400.00

Date of Receipt 11 / 15 / 2010
Transaction ID: A17AF9EC6734941F890F
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
DONNA M. WARZYNSKI

Mailing Address 2001 Riverview Ave #86

City State Zip Code
Stevens Point WI 54481

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

Name of Employer Wisconsin Veterans Home Occupation Director Chronic Care & Oncology Servi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2010
Transaction ID: A5F8044CA8AF64AA3911
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Susan Y. Swart

Mailing Address 33 S. Main St

City State Zip Code
Manteno IL 60950-1529

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

Name of Employer Illinois Nurses Assn Occupation Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.36

Date of Receipt 11 / 15 / 2010
Transaction ID: AA297D13E98D14E5CAC0
Amount of Each Receipt this Period 25.83

SUBTOTAL of Receipts This Page (optional) ► 100.83

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)
Mary Eileen Callan

Mailing Address 1410 Harris Rd

City State Zip Code
Webster NY 14580-9314

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

Name of Employer Occupation
Highland Family Medicine FNP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.10

Date of Receipt

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

Transaction ID: AF99D5332B94D4950B9F

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Mary Angela Maryland

Mailing Address 420 S. Home Ave

City State Zip Code
Oak Park IL 60302-3770

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

Name of Employer Occupation
NP Care of Illinois RN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: A588B1953E92C492698E

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Donna M. Policastro

Mailing Address 293 Whitford Ave

City State Zip Code
Providence RI 02908-3354

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

Name of Employer Occupation
Aaron Sherman, MD Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 580.00

Date of Receipt

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

Transaction ID: A7052B586F20D4A2E9FB

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)

325.00

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 15 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)
LINDA M. GURAL

Mailing Address 93 Dickinson Ave

City State Zip Code
Toms River NJ 08753-6773

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

Name of Employer Occupation
COMM MED CTR RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

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

Transaction ID: AF FE41E35186847E0A77

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Barbara A. Blakeny

Mailing Address 21 Andrea Rd

City State Zip Code
Waltham MA 02453-2801

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

Name of Employer Occupation
ANA President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

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

Transaction ID: A2A0BCF21227D48CAB52

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	1468.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 26
(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

A.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261-7025

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

Name of Employer	Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

41.99

Date of Receipt

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

Transaction ID: A6D54B4CE81F14D68B02

Amount of Each Receipt this Period

3.21

interest

SUBTOTAL of Receipts This Page (optional)	▶	3.21
TOTAL This Period (last page this line number only)	▶	3.21

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 26

<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

<p>A. Full Name (Last, First, Middle Initial) BOB ETHERIDGE FOR CONGRESS</p> <p>Mailing Address PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B210F5D94441F4D09B5C</p> <p>Date of Disbursement 10 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) KEEP NICK RAHALL IN CONGRESS</p> <p>Mailing Address PO Box 64</p> <p>City Beckley State WV Zip Code 25802</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Nick J. Rahall, II</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B10F9D88F68134B51858</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Blumenthal for Senate</p> <p>Mailing Address 777 Summer St</p> <p>City Stamford State CT Zip Code 06901</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Richard Blumenthal</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3C1EB28F900745B784F</p> <p>Date of Disbursement 10 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Kurt Schrader for Congress <hr/> Mailing Address 307 N Main St Ste 240 <hr/> City Oregon City State OR Zip Code 97045 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kurt Schrader <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA15E3D2F1C454FAAB0B Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Courtney for Congress <hr/> Mailing Address 38 Risley Rd <hr/> City Vernon State CT Zip Code 06066 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Joe Courtney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B31AE4C0D3D654DE49FF Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson <hr/> Mailing Address 600 Pennsylvania Ave SE Ste 200 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Charlie Wilson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B70C6A8DE02C84EBE9C8 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 26

<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

A. Full Name (Last, First, Middle Initial) David Cicilline for Congress <hr/> Mailing Address 102 Waterman St Ste 2 <hr/> City Providence State RI Zip Code 02906 <hr/> Purpose of Disbursement <hr/> Candidate Name David Cicilline <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B326B18098A8941A0BC5 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Schauer for Congress <hr/> Mailing Address PO Box 100 <hr/> City Battle Creek State MI Zip Code 49016 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Mark Schauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD8D5DF9665094914803 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Loeb sack for Congress <hr/> Mailing Address PO Box 1457 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dave Loeb sack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2FAE9A42DEEE4D8CBE4 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 26

<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

A. Full Name (Last, First, Middle Initial) Denny Heck for Congress <hr/> Mailing Address PO Box 235 <hr/> City Olympia State WA Zip Code 98507 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Denny Heck <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0F6C0B43DDEF423B80C Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hanabusa 2010 <hr/> Mailing Address PO Box 1416 <hr/> City Honolulu State HI Zip Code 96806 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Colleen Hanabusa <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B390C6542AEBB4EE1802 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DANIEL K INOUYE IN 2010 <hr/> Mailing Address 1088 Bishop St Ste 109 <hr/> City Honolulu State HI Zip Code 96813 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Daniel K. Inouye <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B94C2649D3AEF44A69B4 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Bennet for Colorado <hr/> Mailing Address PO Box 3078 <hr/> City Denver State CO Zip Code 80201 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Michael Bennet <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCC53853B92BB4323993 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John D Dingell for Congress Committee <hr/> Mailing Address 607 14th St NW Ste 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John D. Dingell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B81A0ADB095AB46F19B6 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalva Congressional Committee <hr/> Mailing Address PO Box 1242 <hr/> City Tucson State AZ Zip Code 85702 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Raul M. Grijalva <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B51119C946AAB4AFD918 Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 26

<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

A. Full Name (Last, First, Middle Initial)
KIND FOR CONGRESS COMMITTEE

Mailing Address 205 S 5th Ave Ste 428

Transaction ID: BFEE0E6BB691F412FABE

Date of Disbursement

10 / 22 / 2010

City LaCrosse State WI Zip Code 54601

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Ron Kind

Office Sought: House Senate President
State: WI District: 03
Disbursement For: 2010
 Primary General
 Other (specify) ▼

B. Full Name (Last, First, Middle Initial)
John Spratt for Congress

Mailing Address PO Box 830

Transaction ID: BFC3AE9A2CDA4414986F

Date of Disbursement

10 / 20 / 2010

City York State SC Zip Code 29745

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. John M. Spratt, Jr.

Office Sought: House Senate President
State: SC District: 05
Disbursement For: 2010
 Primary General
 Other (specify) ▼

C. Full Name (Last, First, Middle Initial)
FRIENDS OF ROSA DELAURO COMMIT

Mailing Address 12 Trumbull St

Transaction ID: B274C28EB290B4F7F97E

Date of Disbursement

10 / 20 / 2010

City New Haven State CT Zip Code 06511

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: House Senate President
State: CT District: 03
Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 26

<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

A. Full Name (Last, First, Middle Initial) McNerney for Congress <hr/> Mailing Address 5429 Madison Ave <hr/> City Sacramento State CA Zip Code 95840 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Jerry McNerney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B809F98477D7F487EBDB Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Arcuri for Congress <hr/> Mailing Address PO Box 508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Michael A. Arcuri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA1DFFEF1D7DC44F85B34 Date of Disbursement 10 / 22 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Joe Garcia for Congress <hr/> Mailing Address PO Box 832225 <hr/> City Miami State FL Zip Code 33196 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Joe Garcia <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B754C123DA6A84D74839 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) FEINGOLD FOR SENATE <hr/> Mailing Address PO Box 620062 <hr/> City Middleton State WI Zip Code 53562 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Sen. Russell D. Feingold <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB4D63F816CD84627A80 Date of Disbursement 10 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Ike Skelton For Congress Commi <hr/> Mailing Address PO Box A <hr/> City Harrisonville State MO Zip Code 64701 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. Ike Skelton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9BA2E5C1AE02430AAFF Date of Disbursement 10 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

29500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 26

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)
McNerney for Congress

Transaction ID: BEA6898B6D3574705923

Date of Disbursement

Mailing Address 5429 Madison Ave

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	1	0

City State Zip Code
Sacramento CA 95840

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2010 General Election recount

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: 0

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Nurses Association PAC		FEC IDENTIFICATION NUMBER C C00017525	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee JIM COLEMAN LTD		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0	
Mailing Address 267 E. Helen Rd		Amount 779.00	
City Palatine		Transaction ID: E7CE4CB9ACDD0404CB20	
State IL		Office Sought: <input checked="" type="checkbox"/> House State: <u>KS</u>	
Zip Code 60067-6954		<input type="checkbox"/> Senate District: <u>03</u>	
Purpose of Expenditure buttons/stickers for Stephene Moore campaign to ANA members		<input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Stephene Moore		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought		2010 <input type="checkbox"/> Other (specify) : _____	
		8799.28	

(a) SUBTOTAL of Itemized Independent Expenditures	779.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	779.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Donna Policastro Signature	Date M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0