

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

Check if different than previously reported. (ACC)

Silver Spring MD 20910

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 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Jun 20 (M6)
- May 20 (M5)
- Sep 20 (M9)
- Aug 20 (M8)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on _____ in the State of _____

5. Covering Period 05 01 2010 through 05 31 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 08 20 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.

Office Use Only												FEC FORM 3X (Rev. 12/2004)
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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

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	132718.42									
(c) Total Receipts (from Line 19)	31156.35	186926.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	163874.77	239411.76								
7. Total Disbursements (from Line 31)	36340.00	111876.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	127534.77	127534.77								
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
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

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)	5396.86	29762.82
(ii) Unitemized	25753.42	157140.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31150.28	186903.46
(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)	31150.28	186903.46
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.)	6.07	23.46
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))	31156.35	186926.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31156.35	186926.92

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.....	36000.00	111750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	340.00	-20.00
(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))	340.00	-20.00
29. Other Disbursements.....	0.00	0.00
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))..	36340.00	111876.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36340.00	111876.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	31150.28	186903.46
34. Total Contribution Refunds (from Line 28(d))	340.00	-20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30810.28	186923.46
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: PAGE 6 / 25
(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)
Benjamin Kilinski

Mailing Address 518 Eastern Pkwy #3f

City State Zip Code
Brooklyn NY 11225-1574

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

Name of Employer Occupation
NEW YORK UNIVERSITY RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2010

Transaction ID: AD5DABEEF6087419ABBD

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Diane A. Earl

Mailing Address 849 Kingswood Dr

City State Zip Code
Lima OH 45804-3343

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

Name of Employer Occupation
Lima Memorial Hospital Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2010

Transaction ID: A66B69AE0199349E0B87

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Marilyn A. Sullivan

Mailing Address 123 Cardiff Ct

City State Zip Code
Slidell LA 70461-4101

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

Name of Employer Occupation
Retired Registered Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2010

Transaction ID: AF30DEDF837BF43ECB0C

Amount of Each Receipt this Period
25.20

SUBTOTAL of Receipts This Page (optional) ► **133.53**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 25
(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 Buszuwski		Date of Receipt MM / DD / YYYY 05 / 10 / 2010	
Mailing Address 8515 Georgia Ave Suite 400		Transaction ID: AB6D4747C9D25414F882	
City Silver Spring	State MD	Zip Code 20910-3492	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Nurses Association	Occupation Executive Office		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

B.

Full Name (Last, First, Middle Initial) Barbara Thoman Thoman Curtis		Date of Receipt MM / DD / YYYY 05 / 12 / 2010	
Mailing Address 1823 Ridgewood Ave # 212		Transaction ID: A462CC1F9213741C4A52	
City Daytona Beach	State FL	Zip Code 32117	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.

Full Name (Last, First, Middle Initial) Susan E Jacobson		Date of Receipt MM / DD / YYYY 05 / 16 / 2010	
Mailing Address 3 S. 76th Ave		Transaction ID: A64430EB5B0E6420F841	
City Yakima	State WA	Zip Code 98908-1504	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer YAKIMA REGIONAL HOSPITAL	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
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 8 / 25
(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)
Mrs. Debra Cannon

Mailing Address 205 Horseshoe Dr

City State Zip Code
Spotsylvania VA 22553

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

Name of Employer Occupation
HEALTH SOUTH RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: AF667FDB5672841F8A34

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Dr. Anne M. McNamara

Mailing Address 6511 N. Maryland Cir

City State Zip Code
Phoenix AZ 85013-1030

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

Name of Employer Occupation
Grand Canyon University Dean

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: AAC21DB3EC79A42B2AD7

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bonnie L. Faherty

Mailing Address 18175 Andrea Circle N#4

City State Zip Code
Northridge CA 91325-1158

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

Name of Employer Occupation
Retired Professor Emerita

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: A7A74255101424C0A807

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **583.33**

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 / 25
	<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)
Mrs. Diane L. Winfrey

Mailing Address 3710 Latimore Rd

City State Zip Code
Shaker Heights OH 44122

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

Name of Employer Occupation
Va Medical Center RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2010

Transaction ID: A207D445D6A5A44B7828

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Tracy A. Hollar-Ruegg

Mailing Address 245 Oakham Ct

City State Zip Code
Powell OH 43065

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

Name of Employer Occupation
Ohio State Dept Adult Nse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2010

Transaction ID: A42F0CEDA0DC3472494B

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 9008

City State Zip Code
Canton OH 44711-9008

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

Name of Employer Occupation
Requested - Asked not to be made publi RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2010

Transaction ID: A731ABB2A185D4F95B50

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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 / 25
	<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) Ernest C. Klein		Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 3365 Leatherbury Ln # B		Transaction ID: A58C702CACE7542349B2
	City Indianapolis	State IN	Zip Code 46222
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer M. Stegmann M.d.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Elissa E. Brown		Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 15651 Dickens Street, #115		Transaction ID: A3D07D926C7C1465FA03
	City Encino	State CA	Zip Code 91436-3101
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Veterans Affairs Nursing Center of Sep	Occupation Clinical Nurse Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Linda S. Warino		Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 6151 Leffingwell Rd		Transaction ID: A5BF2CB96E4AE4815B28
	City Canfield	State OH	Zip Code 44406
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Western Reserve Care Syst	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
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 / 25
	<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) Sheela Sathiyavageeswaran	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 2550 Olinville Ave #11	Transaction ID: A0055A1D064714B2387A
	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 Occupation Lincoln Medical and Mental Health RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00

B.	Full Name (Last, First, Middle Initial) Patricia Diane Werner	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 117 Lamms Mill Rd	Transaction ID: AD1357442ABD946E6AA2
	City State Zip Code Wernersville PA 19565-9107	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Reading Hospital & Medical Ctr RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00

C.	Full Name (Last, First, Middle Initial) Susan Susan Jones	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 1009 Homestead Ct	Transaction ID: ABE59DBB271A04C618D3
	City State Zip Code Bowling Green KY 42104-4121	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Western KY Univ Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	270.00
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 12 / 25
	<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) Glennie Millard		Date of Receipt MM / DD / YYYY 05 / 20 / 2010
Mailing Address 22315 133rd Ave		Transaction ID: A66B4C928F73C4354A25
City Laurelton	State Zip Code NY 11413	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NSYNA	Occupation RN-Nursing Representative	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Mary Angela Maryland		Date of Receipt MM / DD / YYYY 05 / 20 / 2010
Mailing Address 420 S. Home Ave		Transaction ID: A6320A674F4E343EA948
City Oak Park	State Zip Code IL 60302-3770	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NP Care of Illinois	Occupation RN	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Carolyn Roberts		Date of Receipt MM / DD / YYYY 05 / 21 / 2010
Mailing Address 3692 State Hwy 14		Transaction ID: A0315A4F856634DEB984
City Santa Fe	State Zip Code NM 87508-8063	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NEW MEXICO NURSES ASSOCIATION	Occupation Nurse	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	550.00
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 / 25
(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)
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 ▼ 250.00

Date of Receipt 05 / 21 / 2010
Transaction ID: A9FEE06396EF8415DB18
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Karen Daley

Mailing Address 350 North St #803

City Boston State MA Zip Code 02113-2114

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

Name of Employer Brigham & Women's Hospital Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 21 / 2010
Transaction ID: AB5599B9E453A435488A
Amount of Each Receipt this Period 300.00

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

Mailing Address 350 North St #803

City Boston State MA Zip Code 02113-2114

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

Name of Employer Brigham & Women's Hospital Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 21 / 2010
Transaction ID: A6B1239E44DE94DFE997
Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) ▶ **435.00**

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 14 / 25

(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)
Robin Schaeffer

Mailing Address 7438 E. Knowles Ave

City State Zip Code
Mesa AZ 85209-6211

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

Name of Employer Occupation
ARIZONA NURSES ASSOCIATION RN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 0

Transaction ID: A5B5B49EDAEE94A30906

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Tanida Rerkjirattikal

Mailing Address 19 Summit Ridge Ct

City State Zip Code
Lake Oswego OR 97035

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

Name of Employer Occupation
Ossu RN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 0

Transaction ID: AB60B1A93FA4E46F0895

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Mrs. Sadie Parker

Mailing Address 100 Palmetto Dr

City State Zip Code
Edgewood MD 21040-3520

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

Name of Employer Occupation
Kernan Hospital Program Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: A71333A8DF6E54194A67

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

530.00

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 / 25
	<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) Robin E. Pattillo	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 358 South 1000 West	Transaction ID: A83D175CC7D80449A90A
	City State Zip Code Blackfoot ID 83221	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Auburn University Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DAPHNEY I. Powell	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 71 Parkview Rd	Transaction ID: A1CB142166DBD4400AB6
	City State Zip Code Elmsford NY 10523-3819	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NEW YORK PRESBYTERIAN HOSPITAL RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Kay A. Ball	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 6743 S. Old State Rd	Transaction ID: A7A51CDE9B88D46BAAD5
	City State Zip Code Lewis Center OH 43035	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation K and D Medical Perioperative Nurse Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	620.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 25	
	(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"/> 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) Dr. Pamela F. Cipriano		Date of Receipt	
	Mailing Address 512 Rosemont Dr		M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: AF5D09020502840B1A61
	Charlottesville	VA	22903-7694	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
Name of Employer UVA Health System		Occupation Chief Clinical Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	5396.86

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 / 25

<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

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

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 430 S Capitol</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B4EB5217C17724F06A1E</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	5	/	2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	5	/	2	0	1	0													
2500.00																						
<p>B. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 2nd St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BFE1B0AEA22494EAD841</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	5	/	2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	5	/	2	0	1	0													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 Maryland Ave</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BAA050431C9904A17AAD</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	5	/	2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	0	5	/	2	0	1	0													
2500.00																						

SUBTOTAL of Disbursements This Page (optional)	7500.00
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)

PAGE 18 / 25

<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) Tuesday Group</p> <p>Mailing Address PO Box 40385</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: B1B6424FFFB984C33A6F</p> <p>Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Blue Dog PAC</p> <p>Mailing Address 6849 Old Dominion Dr Ste 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: B42BE8CFBA147499E942</p> <p>Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 499 S Capitol St Sw</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Phil Hare <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 17</p>	<p>Transaction ID: BE5E0C603097B4DC4AA0</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

<p>A. Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W Market St #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF39B7524ECD240DC9C6</p> <p>Date of Disbursement 05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress</p> <p>Mailing Address PO Box 71147</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Debbie Wasserman Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBA7DA402EED74296868</p> <p>Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) WYDEN FOR SENATE</p> <p>Mailing Address 122 C St NW Ste 505</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAC7CDB864FBA4A9EBBF</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

<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) DANIEL K INOUYE IN 2010 Mailing Address 1088 Bishop St Ste 109 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0E058048723346AC8B4 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Patrick Murphy For Congress Mailing Address PO Box 868 City Levittown State PA Zip Code 19058 Purpose of Disbursement Candidate Name Rep. Patrick J. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9E8645504473495CB71 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Spratt for Congress Mailing Address PO Box 830 City York State SC Zip Code 29745 Purpose of Disbursement Candidate Name Rep. John M. Spratt, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF509E4AEE08047DC8C3 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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)

PAGE 21 / 25

<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) Gerry Connolly for Congress <hr/> Mailing Address PO Box 563 <hr/> City Merrifield State VA Zip Code 22116 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Gerry Connolly <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B95E9DD4B42784AD5A8C Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. 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 <input type="text"/> <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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B02F10BD420044AB2B80 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Adler for Congress <hr/> Mailing Address 499 S Capitol St SW Ste 412 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John H. Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7F0E2FF2CEFD481584E Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="3000.00"/>
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)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) FEINGOLD FOR SENATE	Transaction ID: B7E4C2DE5E95D45A8900
	Mailing Address PO Box 620062	Date of Disbursement 05 / 12 / 2010
	City Middleton State WI Zip Code 53562	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name Sen. Russell D. Feingold	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: BD68B2EFA0E704F4B8C1
	Mailing Address PO Box	Date of Disbursement 05 / 26 / 2010
	City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. James E. Clyburn	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Dina Titus for Congress	Transaction ID: BE1B6D2E42C274DB1A50
	Mailing Address PO Box 50614 Ste C	Date of Disbursement 05 / 12 / 2010
	City Henderson State NV Zip Code 89106	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Dina Titus	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Michaud for Congress <hr/> Mailing Address 213 Lisbon St <hr/> City Lewiston State ME Zip Code 04240 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael H. Michaud <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B81FA3119FD144BB8BEE Date of Disbursement 05 / 26 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Perriello for Congress <hr/> Mailing Address 401 9th St NW Ste 725 <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Tom Perriello <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B34896A676E9A45B98B5 Date of Disbursement 05 / 12 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO COMMIT <hr/> Mailing Address 12 Trumbull St <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Rosa L. DeLauro <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B82E4ADCF4DBA4596A8D Date of Disbursement 05 / 05 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
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)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Yarmuth for Congress <hr/> Mailing Address 1815 Brownsboro Rd Ste 100 <hr/> City Louisville State KY Zip Code 40206 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John Yarmuth <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7EE2C9097F554AA6843 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
B. 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 <input type="text"/> <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAE54053525D84660A31 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
C. Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN <hr/> Mailing Address PO Box 16128 <hr/> City Washington State DC Zip Code 77222 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Gene Green <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE16E61C26A04452DBBD Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="36000.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Debra L. Greenspan <hr/> Mailing Address 7260 River Bend Rd <hr/> City Nashville State TN Zip Code 37221-6707 <hr/> Purpose of Disbursement Mistakenly gave \$ to PAC twice. Requested refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB20533EE8E7F434ABA9 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 100.00
B. Full Name (Last, First, Middle Initial) Linda L. Shanta <hr/> Mailing Address 524 Assinibion Dr <hr/> City Bismarck State ND Zip Code 58504 <hr/> Purpose of Disbursement membership check mistakenly sent to PAC and deposited Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8B8CF60C195E428BA00 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 240.00

SUBTOTAL of Disbursements This Page (optional) ▶

340.00

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

340.00