



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

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 .....	92463.76									
(c) Total Receipts (from Line 19) .....	55951.64	112577.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	148415.40	165062.39								
7. Total Disbursements (from Line 31) .....	39890.00	56536.99								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	108525.40	108525.40								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

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) .....	11402.43	18392.43
(ii) Unitemized .....	44543.71	94173.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	55946.14	112566.05
(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) .....	55946.14	112566.05
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.) .....	5.50	11.50
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)) .....	55951.64	112577.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	55951.64	112577.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	40250.00	56750.00
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 .....	-360.00	-360.00
(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)) .....	-360.00	-360.00
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))..	39890.00	56536.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39890.00	56536.99

**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 .....	55946.14	112566.05
34. Total Contribution Refunds (from Line 28(d)) .....	-360.00	-360.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	56306.14	112926.05
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 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) William R Donovan		Date of Receipt MM / DD / YYYY 03 / 01 / 2010		
	Mailing Address 439 16th St Apt 3r		<b>Transaction ID:</b> A131D903E4EA4453AA36		
	City Brooklyn	State NY	Zip Code 11215-8802	Amount of Each Receipt this Period 275.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MT SIANI MED CENTER	Occupation Systems Analyst			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda L. Shanta		Date of Receipt MM / DD / YYYY 03 / 02 / 2010		
	Mailing Address 524 Assinibion Dr		<b>Transaction ID:</b> A27BA9323D27E452590E		
	City Bismarck	State ND	Zip Code 58503-0211	Amount of Each Receipt this Period 240.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Dakota Nurses Assoc	Occupation Associate Director For Education			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.50			

<b>C.</b>	Full Name (Last, First, Middle Initial) Sara McCumber		Date of Receipt MM / DD / YYYY 03 / 03 / 2010		
	Mailing Address 2004 Lackawanna Ave		<b>Transaction ID:</b> A5D0989BB975A4EC0B38		
	City Superior	State WI	Zip Code 54880-2133	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Duluth Clinic	Occupation NP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1015.00
<b>TOTAL</b> 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 7 / 30
	<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)  
Cheryl K. Schmidt

Mailing Address 320 West Cross St

City Benton State AR Zip Code 72015-3622

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

Name of Employer UAMS College of Nrsng @ Hope Occupation Clinical Assistant Profes

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2010

**Transaction ID:** A39F5A551F2704306949

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ann M. O'Sullivan

Mailing Address RR 1

City Mount Sterling State IL Zip Code 62353-9801

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

Name of Employer Blessing Rieman College of Nursing Occupation Faculty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2010

**Transaction ID:** ACC1AAC22AF41416D8C4

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mary H. Griffith

Mailing Address 15251 S 26t St

City Phoenix State AZ Zip Code 85048

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

Name of Employer E & H Resourcés, Inc Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2010

**Transaction ID:** AC8CDE7C9E96248AC843

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**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 / 30  
(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)  
PEARL Young

Mailing Address 933 Main Creek Rd

City State Zip Code  
Chesapeake VA 23320-6534

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

Name of Employer Occupation  
Norfolk State University Adjunct Facility Adviser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

**Transaction ID:** AC6A6A8FA09624DB8998

Amount of Each Receipt this Period  
120.00

**B.**

Full Name (Last, First, Middle Initial)  
Lola M. Fehr

Mailing Address 4902 West 29th St # 8c

City State Zip Code  
Greeley CO 80634

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

Name of Employer Occupation  
New York Nursing Association Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

**Transaction ID:** A7D11EF023BD643B5BD0

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
LINDA EASTERLY

Mailing Address 104 Plantation Circle

City State Zip Code  
Kathleen GA 31047

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

Name of Employer Occupation  
Houston Healthcare Complex Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** A8A5325857D1049B29AC

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **870.00**

**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: <span style="float: right;">PAGE 9 / 30</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Sheela Sathiyavageeswaran	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 2550 Olinville Ave #II	<b>Transaction ID:</b> A9C97A08D076044F19DF
	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 ▼ 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Diane Werner	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 117 Lamms Mill Rd	<b>Transaction ID:</b> A5273877F46F74648B87
	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 ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary B. Mallison	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 2379 Hawthorne Dr NE	<b>Transaction ID:</b> A226FF504A66D41F3A9A
	City State Zip Code Atlanta GA 30345-2035	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Executive Director - GANA Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2020.00
<b>TOTAL</b> 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 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Sauers		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 100 Sinnott Place		<b>Transaction ID:</b> A9E5692D505594305846
	City North Liberty	State IA	Zip Code 52317-9299
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
	Name of Employer University Of Iowa	Occupation Assistant Nurse Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sherrie Faller		Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address P o Box 51		<b>Transaction ID:</b> A5D4CAABD57254443AF0
	City Grand Cane	State LA	Zip Code 71032-0051
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 274.00
	Name of Employer Willis Knighton Med Center	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 274.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra M. Ohman		Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 7740 Camino Real Apt G-107		<b>Transaction ID:</b> AD1A190B7E21645AD83E
	City Miami	State FL	Zip Code 33143-7160
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
	Name of Employer Miami Va;Veterans Administration	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>794.00</b>
<b>TOTAL</b> 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 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pat Barnett		Date of Receipt MM / DD / YYYY 03 / 16 / 2010		
	Mailing Address 51 Ferry St		<b>Transaction ID:</b> A05189D3FE1CB43A797E		
	City Lambertville	State NJ	Zip Code 08530-1850	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Barnett Health Care	Occupation RN	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mrs. Debra Cannon		Date of Receipt MM / DD / YYYY 03 / 17 / 2010		
	Mailing Address 205 Horseshoe Dr		<b>Transaction ID:</b> A9065C2C6EB2E4121A93		
	City Spotsylvania	State VA	Zip Code 22553	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HEALTH SOUTH	Occupation RN	Aggregate Year-to-Date 249.99		

<b>C.</b>	Full Name (Last, First, Middle Initial) Elissa E. Brown		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 15651 Dickens Street, #115		<b>Transaction ID:</b> A11FCAFED69D14F99881		
	City Encino	State CA	Zip Code 91436-3101	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Veterans Affairs Nursing Center of Sep	Occupation Clinical Nurse Specialist	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.33</b>
<b>TOTAL</b> 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 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) CONNIE A JASTREMSKI		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 2533 County Hwy 22		<b>Transaction ID:</b> A469C6C36BC9749498C3		
	City Richfield Springs	State NY	Zip Code 13439-2723	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bassett Health Care	Occupation Chief Nurse Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Carolyn Krause		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 11333 West National Ave		<b>Transaction ID:</b> ABEB0DD1C910D4DBABBB		
	City Milwaukee	State WI	Zip Code 53227-3111	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Meriter Hospital	Occupation VP Clinical Services/Chief Nurse Execu			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia Messmer		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 4300 Jackson St		<b>Transaction ID:</b> AD3AE21EC06CF45F3BB4		
	City Hollywood	State FL	Zip Code 33021-7218	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Childrens Mercy Hospital	Occupation Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	620.00
<b>TOTAL</b> 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 / 30  
(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 L. Behrens

Mailing Address 5504 E. 22nd St

City Casper State WY Zip Code 82609-4618

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

Name of Employer Dr Hugh Depodo Md Occupation Family Nurse Practitioner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2520.00

Date of Receipt 03 / 20 / 2010  
**Transaction ID:** A40E56F91A9C948BA95D

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Tin Gerardi

Mailing Address 2 Hungerford Rd

City Albany State NY Zip Code 12203

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

Name of Employer Ny State Nurses Associati Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** ABA171C3541B74DA1A59

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Jane M. Nelson

Mailing Address 14717 S. Broadway

City Oklahoma City State OK Zip Code 73170-7217

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

Name of Employer OK Nurses Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** A7812FB72BF7F40BAADE

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **520.00**

**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 / 30  
(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)  
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 Hospital Occupation Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** ABB8EA0DC334D405FB68  
 Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
SUSAN Motley

Mailing Address 7113 Three Chopt Rd

City Richmond State VA Zip Code 23226-3643

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

Name of Employer Virginia Nurses Association Occupation Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** A8739EA27D78A4F9587E  
 Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Debra D. Hatmaker

Mailing Address 1051 Ln Creek Ct

City Bishop State GA Zip Code 30621

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

Name of Employer GA Nurses Association Occupation CHEIF PROGRAMS OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** A6EB3E5EF04EF4F45841  
 Amount of Each Receipt this Period 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:	PAGE 15 / 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Virginia S. Wangerin		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 13380 Cedarwood Ave		<b>Transaction ID:</b> A3F0331BF534344F9AB3		
	City Clive	State IA	Zip Code 50325-8573	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Des Moines Area Community College	Occupation Professor	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Travis		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 12240 Springfield Blvd		<b>Transaction ID:</b> A2F6EC3ABF5424C8CBC4		
	City Springfield Garden	State NY	Zip Code 11413-1157	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested	Occupation RN	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Shirley Tate Gibson		Date of Receipt MM / DD / YYYY 03 / 22 / 2010		
	Mailing Address 11325 McCauliff Ct		<b>Transaction ID:</b> A3E46B9E7CE2C4C34AF7		
	City Richmond	State VA	Zip Code 23236	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mary Washington Hospital	Occupation Vice President/Nurse Executive	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> 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 / 30  
(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 C. McIntosh

Mailing Address PO Box 530

City State Zip Code  
Des Arc AR 72040-0530

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

Name of Employer Occupation  
White River Rural Health APN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** AF087DDA3D948496AA60

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Janet Haebler

Mailing Address 2700 Clarendon Blvd  
Apt E514

City State Zip Code  
Arlington VA 22201-7055

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

Name of Employer Occupation  
AMERICAN NURSES ASSOCIATION Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** A1F9A74882B444FE9A36

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles E. Blair

Mailing Address 15112 Boaz Ln

City State Zip Code  
Lindale TX 75771-5987

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

Name of Employer Occupation  
UNIVERSITY OF TEXAS Assistant Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** A551F86D168E24125BE2

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **670.00**

**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 17 / 30
	<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)  
Marilyn A. Sullivan

Mailing Address 123 Cardiff Ct

City Slidell State LA Zip Code 70461-4101

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

Name of Employer Retired Occupation Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.60

Date of Receipt 03 / 22 / 2010

**Transaction ID:** A6A425C903B09415B8AC

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary L. Behrens

Mailing Address 5504 E. 22nd St

City Casper State WY Zip Code 82609-4618

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

Name of Employer Dr Hugh Depodo Md Occupation Family Nurse Practitioner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2540.10

Date of Receipt 03 / 22 / 2010

**Transaction ID:** A98CA868F0E8140EEAEE

Amount of Each Receipt this Period 20.10

**C.**

Full Name (Last, First, Middle Initial)  
Mary E. Foley

Mailing Address 963 Duncan St

City San Francisco State CA Zip Code 94131-1800

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

Name of Employer Univ. of California San Francisco Hosp Occupation Associate Director, School of Nursing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2010

**Transaction ID:** A436EE0328E1C473D958

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.10**

**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 18 / 30
	<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)  
Dr. Susan F. Pierce

Mailing Address 408 Barbee Blvd

City State Zip Code  
Oak Island NC 28465-8019

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

Name of Employer Occupation  
UNC School of Nursing Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

**Transaction ID:** AE2690F42A2504E4BA49

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
WESLEY B VAUGHAN

Mailing Address 179 Tom Sistrunk Rd

City State Zip Code  
Jayess MS 39641-3781

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

Name of Employer Occupation  
Burris Medical Center RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** A6333CE221ECC445B8C5

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Maureen E. Shekleton

Mailing Address 805 Edgewood

City State Zip Code  
Glen Ellyn IL 60137-4214

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

Name of Employer Occupation  
Association Association of Nurse Anest Satellite Site Coordinator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** AD3AED8DFFE8242D19F9

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **870.00**

**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 19 / 30
	(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) Ellen Moilanen		Date of Receipt
Mailing Address RN110 Flintlock Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 30 / 2010
City	State	Zip Code
Ben Lomond	CA	95005
FEC ID number of contributing federal political committee.		Transaction ID: AABB29E3F1B4B48D790E
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 120.00
Name of Employer Santa Cruz Healthcare	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 120.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 11402.43

# 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><b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc</p> <p>Mailing Address 10 G St NE, Ste 460</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Mary L. Landrieu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC2B767C4D650431EB8D</p> <p>Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Congressman George Miller</p> <p>Mailing Address PO Box 5864</p> <p>City Concord State CA Zip Code 94524</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B13DE3570BF30484FBC7</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Mailing Address 320 1st St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B948175F4618348B6836</p> <p>Date of Disbursement 03 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

7000.00

**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 / 30

<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) <b>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>	<b>Transaction ID:</b> B7CD2D13D95784FA9B68
	Mailing Address 430 S Capitol	Date of Disbursement MM / DD / YYYY 03 / 31 / 2010
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) <b>Friends of Schumer</b>	<b>Transaction ID:</b> B56703E60E60C4A878A4
	Mailing Address 426 C St NE	Date of Disbursement MM / DD / YYYY 03 / 17 / 2010
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Sen. Charles E. Schumer	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District:	

C.	Full Name (Last, First, Middle Initial) <b>Friends for Harry Reid</b>	<b>Transaction ID:</b> B76C99A3C7B2F4722AB5
	Mailing Address PO Box 19163	Date of Disbursement MM / DD / YYYY 03 / 17 / 2010
	City Las Vegas State NV Zip Code 89123	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	
	Candidate Name Sen. Harry M. Reid	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" 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: NV District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> 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 / 30

<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><b>A.</b> Full Name (Last, First, Middle Initial) Schakowsky for Congress</p> <p>Mailing Address PO Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Jan D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B83A179325ED142DF8FF</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 10 / <input type="text"/> 2010</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN</p> <p>Mailing Address PO Box 1949</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Dick J. Durbin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7B8341BACF91448094C</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 10 / <input type="text"/> 2010</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kurt Schrader for Congress</p> <p>Mailing Address 307 N Main St Ste 240</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBA021DBA80704248A94</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 26 / <input type="text"/> 2010</p> <p>Amount of Each Disbursement this Period <input type="text"/> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Kathy Dahlkemper for Congress <hr/> Mailing Address PO Box 1045 <hr/> City Erie State PA Zip Code 16512 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Kathy Dahlkemper <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B757A322879DE42998A0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Bocchieri for Congress <hr/> Mailing Address 337 4rd St NW <hr/> City Canton State OH Zip Code 44702 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John Bocchieri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B08334480EF834532A94 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress <hr/> Mailing Address PO Box 582 <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lucille Roybal-Allard <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3AE74FD577374C1E855 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ellsworth For Congress</p> <p>Mailing Address PO Box 62</p> <p>City Evansville State IN Zip Code 47701</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Brad Ellsworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD643AE558BC843A2805</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 10 / <input type="text"/> 2010</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Martin Heinrich for Congress</p> <p>Mailing Address 499 S Capitol St SW Ste 422</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B99A3B627904D4345B60</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 30 / <input type="text"/> 2010</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Welch For Congress</p> <p>Mailing Address PO Box 1086</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Peter Welch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8424ED0809B44AC88CC</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 17 / <input type="text"/> 2010</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>

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

3500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 30

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Hooisers for Hill <hr/> Mailing Address PO Box 1071 <hr/> City Seymour State IN Zip Code 47274-1071 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6D5CAAB0ABDA4181A56 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	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>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs <hr/> Mailing Address PO BOx 23940 <hr/> City Santa Barbara State CA Zip Code 93121 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC8FDA607BA5A40348E6 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 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>C.</b> Full Name (Last, First, Middle Initial) Kagen for Congress <hr/> Mailing Address 100 W College Ave Ste 50-D <hr/> City Appleton State WI Zip Code 54911-5749 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steven L Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA81D064D17E146BAA59 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Scott Murphy for Congress <hr/> Mailing Address 5 S Side Dr #224 <hr/> City Clifton Park State NY Zip Code 12065 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Scott Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB4C238481ACC4D00BD2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	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>B.</b> Full Name (Last, First, Middle Initial) A Lot of People for Dave Obey <hr/> Mailing Address PO Box 1322 <hr/> City Wausau State WI Zip Code 54402-1322 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dave R. Obey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE57260C1B379492DBA6 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0
	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>C.</b> Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS <hr/> Mailing Address 320 Kenarden Dr <hr/> City Highland Heights State OH Zip Code 44143 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steven C. LaTourette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3A5D64D9468A44BBA4F Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	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) ..... ▶

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89123</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Harry M. Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B97DFDFD9C5FC4F509AB</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Markey for Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Ft Collins State CO Zip Code 80521</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Betsy Markey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDBF6F3E7DDAA4B8E877</p> <p>Date of Disbursement 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Loebsack for Congress</p> <p>Mailing Address PO Box 1457</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dave Loebsack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBC1117D246E14A68AFC</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 30

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>EARL POMEROY FOR CONGRESS</b> <hr/> Mailing Address PO Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BD3D5F70B48B647F19B3 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>3</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
0	3	/	1	0	/	2	0	1	0												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																					
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF CAROLYN MCCARTHY</b> <hr/> Mailing Address 151 Linden Rd <hr/> City Mineola State NY Zip Code 11501 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Carolyn McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B8CA559B2CBDC4FC2914 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>3</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	7	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
0	3	/	1	7	/	2	0	1	0												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																					
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Citizens For John Olver For Congress</b> <hr/> Mailing Address 38 Ivy St SE <hr/> City Washington State DC Zip Code 20037 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John W. Olver <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B4597C6C1027D4BACBEB 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>3</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
0	3	/	1	0	/	2	0	1	0												
Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																				
1000.00																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00
3000.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

**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 29 / 30

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Blumenauer For Congress <hr/> Mailing Address 830 NE Holladay Ste 105 <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Earl Blumenauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B13178063884E43A899D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1250.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS <hr/> Mailing Address 438 Lewis A <hr/> City Brooklyn State NY Zip Code 11233 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Edolphus Towns <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BB87225FBB9D145E5B49 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 30

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Patricia Diane Werner</p> <p>Mailing Address 117 Lamms Mill Rd</p> <p>City Wernersville State PA Zip Code 19565-9107</p> <p>Purpose of Disbursement took too much out of her account. refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD0652BE7992544FE8D4</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period -120.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sheela Sathiyavageeswaran</p> <p>Mailing Address 2550 Olinville Ave #11</p> <p>City Bronx State NY Zip Code 10467-7440</p> <p>Purpose of Disbursement refund. charged card too much.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF1F53AAF6A664744910</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period -120.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mary Sauers</p> <p>Mailing Address 100 Sinnott Place</p> <p>City North Liberty State IA Zip Code 52317-9299</p> <p>Purpose of Disbursement refunded because billed 2 times.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC7EF4D18AC9447D6BC1</p> <p>Date of Disbursement 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period -120.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-360.00
<b>TOTAL</b> This Period (last page this line number only) .....	-360.00