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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other Than	An Authorized Com	nmittee	Office U	se Only
NAME OF COMMITTEE (in full)	USE FEC MAILING OR TYPE OR PRIN		typing, type es		
American Nurses Association	on PAC				
ADDRESS (number and street)	8515 Georgia Ave	enue 			
Check if different	Suite 400				
than previously reported. (ACC)	Silver Spring			MD 2	20910 - 3492
2. FEC IDENTIFICATION NUI	MBER ₩	CITY 🛋	S	STATE	ZIPCODE 🛕
C00017525		3. IS THIS X	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		X Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(0	Q1) (c) 12-Day	Primar	y (12P)	General (12G)	Runoff (12R)
Quarterly Report(0	Q2) PRE-EI Report		ntion (12C)	Special (12G)	
Quarterly Report(0 January 31 Quarterly Report()		Election on			in the
July 31 Mid-Year					State of
Report(Non-election Year Only) (MY)	on (d) 30-Day Post -E Report	Election Genera	al (30G)	Runoff (30R)	Special (30S)
Termination Report	rt Tiepen	Election on			in the State of
5. Covering Period 0	3 01 2	0 1 0 thro	ough 03	31 2010	
I certify that I have examined this	Report and to the best	of my knowledge and beli	ef it is true, correct a	and complete.	
Type or Print Name of Treasurer	Donna M. Polica	stro			
Signature of Treasurer Electro	onically Filed by Don	na M. Policastro	Da	ate 0 4 2	0 2010
NOTE : Submission of false, erro	oneous, or incomplete i	nformation may subject the	e person signing this	Report to the penalties	s of 2 U.S.C 437g.
Office Use					C FORM 3X ev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From: м м

D D 0 1 Y W Y 2010

To:

м м

^D 31

2010

2/30

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 2010 Y Y Y		52484.84
(b) Cash on Hand at Begining 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
Total Disbursements (from Line 31)	39890.00	56536.99
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	108525.40	108525.40
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 30

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period:

From: 0 3

01

2010

То:

м м 0 3 ^D 31

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55946.14	112566.05
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	5.50	11.50
3. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	55951.64	112577.55
Total Federal Receipts (subtract Line 18(c) from Line 19)	55951.64	112577.55

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/30

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		ı
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	146.99
	Expenditures(c) Total Operating Expenditures	0.00	140.39
	(add 21(a)(i), (a)(ii) and (b))	0.00	146.99
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	40250.00	56750.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	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
	(add Lines 20(a), (b), and (c))		0 0 0 0 0 0 0 0
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
	(i) rederal Strate		
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
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)	20222.22	50500.00
	from Line 31)	39890.00	56536.99

DETAILED SUMMARY PAGE

of Disbursements

5 / 30 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

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William R Donovan Mailing Address 439 16th St Apt 3r City Brooklyn FEC ID number of contributing federal political committee. Name of Employer MT SIANI MED CENTER Receipt For: Primary General Other (specify)	State Zip Code NY 11215-8802 C Occupation Systems Analyst Aggregate Year-to-Date 275.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A131D903E4EA4453AA Amount of Each Receipt this Period 275.00
Full Name (Last, First, Middle Initial) Linda L. Shanta Mailing Address 524 Assinibion Dr City Bismarck FEC ID number of contributing federal political committee. Name of Employer North Dakota Nurses Assoc Receipt For: Primary General Other (specify)	State Zip Code ND 58503-0211 C Occupation Associate Director For Education Aggregate Year-to-Date 276.50	Date of Receipt M M M / D D / Y Y Y Y Y O 3
Full Name (Last, First, Middle Initial) Sara McCumber Mailing Address 2004 Lackawanna Av City Superior FEC ID number of contributing federal political committee. Name of Employer Duluth Clinic Receipt For: Primary General Other (specify)	e State Zip Code WI 54880-2133 C Occupation NP Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 2 0 1 0 Transaction ID: A5D0989BB975A4EC0E Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .		1015.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and r for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Nurses Association PAC	d Statements ma the name and ad	y not be sold or used by any pers dress of any political committee to	
<u>/</u> A.	Full Name (Last, First, Middle Initial) Cheryl K. Schmidt			Date of Receipt
	Mailing Address 320 West Cross St City	State	Zip Code	0 3
	Benton	AR	72015-3622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer UAMS College of Nrsng @ Hope	Occupation Clinical A	n Assistant Profes	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
_ В.	Full Name (Last, First, Middle Initial) Ann M. O'Sullivan	Date of Receipt		
	Mailing Address RR 1	03 / 03 / 2010		
	City	State	Zip Code	Transaction ID: ACC1AAC22AF41416D8C
	Mount Sterling	<u>IL</u>	62353-9801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Blessing Rieman College of Nursing	Occupation Faculty	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
с. С.	Full Name (Last, First, Middle Initial) Mary H. Griffith			Date of Receipt
	Mailing Address 15251 S 26t St			03 05 7 2010
	City	State AZ	Zip Code	Transaction ID: AC8CDE7C9E96248AC84
	Phoenix		85048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer E & H Resources, Inc	Occupatio Consulta	ınt	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 30 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	tatements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) PEARL Young Mailing Address 933 Main Creek Rd City Chesapeake FEC ID number of contributing federal political committee. Name of Employer Norfolk State University Receipt For: Primary General	 	Zip Code 23320-6534 n =acility Adviser e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AC6A6A8FA09624DB899 Amount of Each Receipt this Period 120.00
– B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Lola M. Fehr	0 0	240.00	Date of Receipt
	Mailing Address 4902 West 29th St # 8 City Greeley FEC ID number of contributing federal political committee. Name of Employer New York Nursing Association Receipt For: Primary General Other (specify) ▼	State CO C Occupatio Executive	Zip Code 80634 n e Director e Year-to-Date ▼	Transaction ID: A7D11EF023BD643B5BE Amount of Each Receipt this Period 250.00
_ C.	Full Name (Last, First, Middle Initial) LINDA EASTERLY Mailing Address 104 Plantation Circle City Kathleen FEC ID number of contributing federal political committee. Name of Employer Houston Healthcare Complex Receipt For: Primary General	State GA C Occupation Director Aggregate	e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 0 2 0 1 0 Transaction ID: A8A5325857D1049B29A0 Amount of Each Receipt this Period 500.00
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		500.00	870.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any pers he name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sheela Sathiyavageeswaran Mailing Address 2550 Olinville Ave #I City Bronx FEC ID number of contributing federal political committee. Name of Employer Lincoln Medical and Mental Health Receipt For: Primary General Other (specify)	State Zip Code NY 10467-7440 C Occupation RN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 3 / 1 0 / 2 0 1 0 Transaction ID: A9C97A08D076044F19I Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Patricia Diane Werner Mailing Address 117 Lamms Mill Rd City Wernersville FEC ID number of contributing federal political committee. Name of Employer The Reading Hospital & Medical Ctr Receipt For: Primary Other (specify)	State Zip Code PA 19565-9107 C Occupation RN Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A5273877F46F74648B8 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Mary B. Mallison Mailing Address 2379 Hawthorne Dr City Atlanta FEC ID number of contributing federal political committee. Name of Employer Executive Director - GANA Receipt For: Primary General Other (specify)	State Zip Code GA 30345-2035 C Occupation Retired Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: A226FF504A66D41F3A Amount of Each Receipt this Period 2000.00
SUBTOTAL of Receipts This Page (optional)		2020.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mary Sauers Mailing Address 100 Sinnott Place City North Liberty FEC ID number of contributing federal political committee. Name of Employer University Of Iowa Receipt For: Primary General Other (specify)		Zip Code 52317-9299 n t Nurse Manager e Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A9E5692D505594305846 Amount of Each Receipt this Period 120.00
В.	Full Name (Last, First, Middle Initial) Sherrie Faller Mailing Address P o Box 51 City Grand Cane FEC ID number of contributing federal political committee. Name of Employer Willis Knighton Med Center Receipt For: Primary General Other (specify)	State LA C Occupatio RN Aggregate	Zip Code 71032-0051 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 5 2 0 1 0 Transaction ID: A5D4CAABD57254443AF0 Amount of Each Receipt this Period 274.00
с.	Full Name (Last, First, Middle Initial) Sandra M. Ohman Mailing Address 7740 Camino Real Ap City Miami FEC ID number of contributing federal political committee. Name of Employer Miami Va;Veterans Administration Receipt For: Primary General Other (specify)	State FL C Occupatio RN	Zip Code 33143-7160 n e Year-to-Date ▼ 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AD1A190B7E21645AD83E Amount of Each Receipt this Period 400.00
	SUBTOTAL of Receipts This Page (optional)		 	794.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Nurses Association PAC	nd Statements may not be sold or used by any person the name and address of any political committee to	In for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Pat Barnett Mailing Address 51 Ferry St City Lambertville FEC ID number of contributing federal political committee. Name of Employer Barnett Health Care Receipt For: Primary General Other (specify)	State Zip Code NJ 08530-1850 C Occupation RN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A05189D3FE1CB43A797 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mrs. Debra Cannon Mailing Address 205 Horseshoe Dr City Spotsylvania FEC ID number of contributing federal political committee. Name of Employer HEALTH SOUTH Receipt For: Primary General Other (specify)	State Zip Code VA 22553 C Occupation RN Aggregate Year-to-Date 249.99	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A9065C2C6EB2E4121A9 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Elissa E. Brown Mailing Address 15651 Dickens Stree City Encino FEC ID number of contributing federal political committee. Name of Employer Veterans Affairs Nursing Center of Sep Receipt For: Primary General Other (specify)	State Zip Code CA 91436-3101 C Occupation Clinical Nurse Specialist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D B / Y Y Y Y Y O 3 18 2010 Transaction ID: A11FCAFED69D14F9988 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (options	al)	583.33

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/30 (check only one) X 11a	
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements ma e name and add	y not be sold or used by any perso dress of any political committee to		
Α.	Full Name (Last, First, Middle Initial) CONNIE A JASTREMSKI Mailing Address 2533 County Hwy 22 City Richfield Springs FEC ID number of contributing federal political committee. Name of Employer Bassett Health Care Receipt For: Primary General		Zip Code 13439-2723 n rse Officer e Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y	:3
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Carolyn Krause Mailing Address 11333 West National	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Meriter Hospital Receipt For: Primary General Other (specify)		Zip Code 53227-3111 n cal Services/Chief Nurse Exe e Year-to-Date ▼ 250.00	Transaction ID: ABEB0DD1C910D4DBAE Amount of Each Receipt this Period 250.00	3BB
C.	Full Name (Last, First, Middle Initial) Patricia Messmer Mailing Address 4300 Jackson St City Hollywood FEC ID number of contributing federal political committee. Name of Employer Childrens Mercy Hospital	State FL C Occupatio Director	Zip Code 33021-7218	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	B4
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00		
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		<u> </u>	620.00	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
N	nformation copied from such Reports and r commercial purposes, other than using the AME OF COMMITTEE (In Full) american Nurses Association PAC	Statements may not be sold or used by any pene name and address of any political committee	
A. MM C C FI	ull Name (Last, First, Middle Initial) lary L. Behrens lailing Address 5504 E. 22nd St ity Casper EC ID number of contributing ederal political committee. ame of Employer or Hugh Depodo Md eceipt For: Primary General Other (specify)	State Zip Code WY 82609-4618 C Occupation Family Nurse Practitioner Aggregate Year-to-Date ▼ 2520.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 3 2 0 1 0 Transaction ID: A40E56F91A9C948BA95 Amount of Each Receipt this Period 20.00
3. <u>T</u> M C <u>A</u>	ull Name (Last, First, Middle Initial) in Gerardi lailing Address 2 Hungerford Rd ity lbany EC ID number of contributing deral political committee.	State Zip Code NY 12203	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Employer y State Nurses Associati eceipt For: Primary General Other (specify) ▼	Occupation RN Aggregate Year-to-Date 350.00	
C. MM	ull Name (Last, First, Middle Initial) ls. Jane M. Nelson lailing Address 14717 S. Broadway ity Oklahoma City	State Zip Code OK 73170-7217	Date of Receipt 0 3 2 2 2 2 0 1 0 Transaction ID: A7812FB72BF7F40BAAD Amount of Each Receipt this Period
fe N C	EC ID number of contributing ideral political committee. ame of Employer of Nurses eceipt For: Primary General Other (specify)	Occupation RN Aggregate Year-to-Date 250.00	250.00
SUE	BTOTAL of Receipts This Page (optional)		520.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julia Weinberg Mailing Address 7078 Ershig Rd City Bow FEC ID number of contributing federal political committee. Name of Employer Skagit Valley Hospital Receipt For: Primary General Other (specify)	State Zip Code WA 98232 C Occupation Nurse Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: ABB8EA0DC334D405FB6 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) SUSAN Motley Mailing Address 7113 Three Chopt Ro City Richmond FEC ID number of contributing federal political committee. Name of Employer Virginia Nurses Association Receipt For: Primary General Other (specify)	State Zip Code VA 23226-3643 C Occupation Staff Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Debra D. Hatmaker Mailing Address 1051 Ln Creek Ct City Bishop FEC ID number of contributing federal political committee. Name of Employer GA Nurses Association Receipt For: Primary General Other (specify)	State Zip Code GA 30621 C Occupation CHEIF PROGRAMS OFFICER Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A6EB3E5EF04EF4F4584 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		650.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Virginia S. Wangerin Mailing Address 13380 Cedarwood Av City Clive FEC ID number of contributing federal political committee. Name of Employer Des Moines Area Community College Receipt For: Primary General Other (specify)	State Zip Code IA 50325-8573 C Occupation Professor Aggregate Year-to-Date ▼ 350.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3
Full Name (Last, First, Middle Initial) Patricia Travis Mailing Address 12240 Springfield Blv City Springfield Garden FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code NY 11413-1157 C Occupation RN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Shirley Tate Gibson Mailing Address 11325 McCauliff Ct City Richmond FEC ID number of contributing federal political committee. Name of Employer Mary Washington Hospital Receipt For: Primary General Other (specify)	State Zip Code VA 23236 C Occupation Vice President/Nurse Executive Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 3 / 2 2 / 2 0 1 0 Transaction ID: A3E46B9E7CE2C4C34AF Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		750.00

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) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda C. McIntosh Mailing Address PO Box 530 City Des Arc FEC ID number of contributing federal political committee. Name of Employer White River Rural Health Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code AR 72040-0530 C Occupation APN Aggregate Year-to-Date 300.00	Date of Receipt M M M / 22 / 2010 Transaction ID: AF087DDA3D948496AA Amount of Each Receipt this Period 300.00
Janet Haebler Mailing Address 2700 Clarendon Blvd Apt E514 City Arlington FEC ID number of contributing federal political committee. Name of Employer AMERICAN NURSES ASSOCIATION Receipt For: Primary General Other (specify)	State Zip Code VA 22201-7055 C Occupation Associate Director Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A1F9A74882B444FE9A3 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Charles E. Blair Mailing Address 15112 Boaz Ln City Lindale FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF TEXAS Receipt For: Primary General Other (specify)	State Zip Code TX 75771-5987 C Occupation Assistant Professor Aggregate Year-to-Date ▼	Date of Receipt M M M / 2 2
SUBTOTAL of Receipts This Page (optional)		670.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may name and add	not be sold or used by any perso fress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Marilyn A. Sullivan Mailing Address 123 Cardiff Ct City Slidell FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State LA C Occupation Registere Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Mary L. Behrens Mailing Address 5504 E. 22nd St City Casper FEC ID number of contributing federal political committee. Name of Employer Dr Hugh Depodo Md Receipt For: Primary General Other (specify)	, · · · · · ·	Zip Code 82609-4618 nurse Practitioner Year-to-Date ▼ 2540.10	Date of Receipt M M M / 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 FEC ID number of contributing federal political committee. Name of Employer Univ. of California San Francisco Hosp Receipt For: Primary General Other (specify)		Zip Code 94131-1800 Director, School of Nursing Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3
	SUBTOTAL of Receipts This Page (optional)			420.10

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 30 (check only one) X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	tatements may name and ado	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
<u>/</u> A .	Full Name (Last, First, Middle Initial) Dr. Susan F. Pierce Mailing Address 408 Barbee Blvd City Oak Island FEC ID number of contributing federal political committee. Name of Employer UNC School of Nursing Receipt For: Primary General Other (specify)	State NC C Occupation Professer Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 3
В.	Full Name (Last, First, Middle Initial) WESLEY B VAUGHAN Mailing Address 179 Tom Sistrunk Rd City Jayess FEC ID number of contributing federal political committee. Name of Employer Burris Medical Center Receipt For: Primary General Other (specify)	State MS C Occupation RN Aggregate	Zip Code 39641-3781 Year-to-Date ▼ 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) Dr. Maureen E. Shekleton Mailing Address 805 Edgewood City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer Association of Nurse Anest Receipt For: Primary General Other (specify)		Zip Code 60137-4214 Site Coordinator Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 0 2 0 1 0 Transaction ID: AD3AED8DFFE8242D19F Amount of Each Receipt this Period 500.00
	SUBTOTAL of Receipts This Page (optional)]	870.00

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 30 (check only one) X 11a 11b 11c 12 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
/	NAME OF COMMITTEE (In Full)			
/	American Nurses Association PAC			
	Full Name (Last, First, Middle Initial) Ellen Moilanen			Date of Receipt
	Mailing Address RN110 Flintlock Ln			03 30 2010
	City	State	Zip Code	Transaction ID: AABB29E3F1B4B48D790
	Ben Lomond	CA	95005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Santa Cruz Healthcare	Occupation RN		
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	>	120.00
TOTAL This Period (last page this line number only)		11402.43

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 20 / 30
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 3
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Nurses Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: BC2B767C4D650431
Friends Of Mary Landrieu Inc			Date of Disbursement
Mailing Address 10 G St NE, Ste 460			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & O \end{smallmatrix} \end{bmatrix}$
	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement	20002		1000.00
Candidate Name		Category/	
Sen. Mary L. Landrieu		Туре	
· — — —	ment For: 2010 Primary General Other (specify)		
State: LA District:	, (1), (
Full Name (Last, First, Middle Initial) Friends of Congressman George Miller			Transaction ID: B13DE3570BF30484 Date of Disbursement
Mailing Address PO Box 5864		$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}^M&\begin{smallmatrix}I&D\\17\end{smallmatrix}^D&\begin{smallmatrix}I&D\\17\end{smallmatrix}^V&\begin{smallmatrix}Y&Y&Y&0\\2010\end{smallmatrix}^V$	
,	State Zip Code CA 94524		Amount of Each Disbursement this Period
Purpose of Disbursement	545 <u>E</u> 4		1000.00
Candidate Name		Category/ Type	
	ment For: 2014 Primary General Other (specify)	.,,,,,,	
Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIO	NAL COmmittee		Transaction ID: B948175F4618348B0 Date of Disbursement
Mailing Address 320 1st St SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & 1 & O \end{smallmatrix} \end{bmatrix}$
	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Candidate Name		Category/ Type	
Senate President	ment For: 2010 Primary X General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional) .		>	7000.00
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ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			(check only		NUMBER: PAGE 21 / / one)				/ 30
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American Nurses Associa	tion PAC										
Full Name (Last, First, Middle I DEMOCRATIC CONGRES	,	PAIGN CO	MMITTEE			Date	saction II	sement			34FA
Mailing Address 430 S Ca	apitol					0 ^M 3	3 M / D	3 1 /	y y	0 1 0 °	
City Washington		State DC	Zip Code 20003			Amo	ount of Eac	h Disbu			iod
Purpose of Disbursement									250	00.00	
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Full Name (Last, First, Middle I	nitial)					_			70050	2522	440=
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Mailing Address 426 C S			0 3		1 7 /	2	0 1 0 °				
City Washington		State DC	Zip Code 20002			Amo	ount of Eac	h Disbu	rsement	this Per	iod
Purpose of Disbursement									100	00.00	
Candidate Name Sen. Charles E. Schumer					egory/ /pe						
Office Sought: House X Senate Preside State: NY District:	×	sement For: C Primary Other (spe	2010 General ecify)								
Full Name (Last, First, Middle I Friends for Harry Reid	nitial)					_	saction II	sement	6C99A3	BC7B2F	4722
Mailing Address PO Box	Mailing Address PO Box 19163						3 M / D	1 7 /	ž	010	
City Las Vegas		State NV	Zip Code 89123			Amo	ount of Eac	h Disbu	rsement	this Per	iod
Purpose of Disbursement									150	00.00	
Candidate Name Sen. Harry M. Reid					egory/ /pe						
Office Sought: House X Senate Preside		Primary Other (spe	2010 X General ecify) V								
State: NV District:											_
SUBTOTAL of Disbursements T	his Page (optional)	١			. •				500	0.00	

ITEMIZED DISPUBLICAMENTS		y Use s	Use separate schedule(s)		(check only		y one)					
ITE	EMIZED DISBURSEMENT	5 for ea	ch category of the led Summary Page	ΙÈ	21b 27	22 288	X 23	, П	24 28c	25 29		26 30b
	r Information copied from such Reports are commercial purposes, other than using											
<u> </u>	NAME OF COMMITTEE (In Full)											
\rangle	American Nurses Association PAC											
	Full Name (Last, First, Middle Initial)						nsaction	_		793251	ED14	2DF
	Schakowsky for Congress Mailing Address PO Box 5130					Dat 0	e of Disbu		nt / Y	ž 0 1	0 Y	
		0	7: 0 1									
	City Evanston	State IL	Zip Code 60204			Am	ount of Ea	ch Disi	burser		-	d
	Purpose of Disbursement									1000.0	00	_
	Candidate Name Rep. Jan D. Schakowsky				egory/ /pe							
	Office Sought: X House Senate President	Disbursement Fo X Primary Other (
	State: IL District: 09 Full Name (Last, First, Middle Initial)						nsaction			41BAC	F914	480
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	Mailing Address PO Box 1949					0	3	1 0		201	U	
	City Springfield	State IL	Zip Code 62705			Am	ount of Ea	ch Disl	burser	nent this	Perio	d
	Purpose of Disbursement] L				1000.0	00	_
	Candidate Name Sen. Dick J. Durbin				egory/ /pe							
	Office Sought: House X Senate President State: IL District:	Disbursement Fo										
	Full Name (Last, First, Middle Initial) Kurt Schrader for Congress						nsaction e of Disbu	rsemer	_,			248
	Mailing Address 307 N Main St St				o ^M	3 ^M	26	/ <u>Y</u>	žo i	0		
	City Oregon City	State OR	Zip Code 97045			Am	ount of Ea	ch Disl	burser	nent this	Perio	d
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	Candidate Name Rep. Kurt Schrader				egory/ /pe							
	Office Sought: X House Senate President State: OR District: 05	Disbursement Fo X Primary Other (
	Otato. Ott Distilot. 00						•			3000.0		$\overline{}$

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) American Nurses Association PAC	and and address of any pointed so		
Full Name (Last, First, Middle Initial) Kathy Dahlkemper for Congress			Transaction ID: B757A322879DE4299 Date of Disbursement
Mailing Address PO Box 1045			03 M / 26 / Y 2010 Y
City Erie	State Zip Code PA 16512		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name Rep. Kathy Dahlkemper		Category/ Type	
Senate President	rsement For: 2010 X Primary General Other (specify) ▼		
State: PA District: 03 Full Name (Last, First, Middle Initial) Boccieri for Congress			Transaction ID: B08334480EF834532 Date of Disbursement
Mailing Address 337 4rd St NW			$\begin{bmatrix}\begin{smallmatrix}M\\0&3\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\2&6\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2&0&1&0\end{smallmatrix}$
City Canton	State Zip Code OH 44702		Amount of Each Disbursement this Period
Purpose of Disbursement			2500.00
Candidate Name Rep. John Boccieri		Category/ Type	
Office Sought: X House Senate President State: OH District: 16	rsement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress			Transaction ID: B3AE74FD577374C1
Mailing Address PO Box 582			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Kensington	State Zip Code MD 20895		Amount of Each Disbursement this Period
Purpose of Disbursement		0 0	1000.00
Candidate Name Rep. Lucille Roybal-Allard		Category/ Type	
Office Sought: X House Disbu Senate President State: CA District: 34	xsement For: 2010 X Primary General Other (specify)		
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TEMIZED DISBURSEMENTS		rate schedule(s) category of the	FOR LINE (check only	-	PAGE 24/30
	Detailed S	Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full) American Nurses Association PAC					
Full Name (Last, First, Middle Initial)				Transaction ID:	BD643AE558BC843A2
Ellsworth For Congress				Date of Disburse	
Mailing Address PO Box 62				03 1	0 Y 2010Y
City Evansville	State IN	Zip Code 47701		Amount of Each	Disbursement this Period
Purpose of Disbursement		17701			1000.00
Candidate Name Rep. Brad Ellsworth			Category/		
Office Sought: X House Disb	ursement For:	2010	Туре		
Senate President State: IN District: 08	X Primary Other (spec	☐ General cify) ▼			
Full Name (Last, First, Middle Initial)				Transaction ID:	B99A3B627904D4345
Martin Heinrich for Congress				Date of Disburse	
Mailing Address 499 S Capitol St SW	Ste 422			03 4 3	0 Y 2010 Y
City Washington	State DC	Zip Code 20003		Amount of Each	Disbursement this Period
Purpose of Disbursement					1500.00
Candidate Name Rep. Martin Heinrich			Category/ Type		
Office Sought: X House Senate President	oursement For: X Primary Other (spe	2010 General			
State: NM District: 01					
Full Name (Last, First, Middle Initial) Welch For Congress				Date of Disburse	
Mailing Address PO Box 1086				0 3 1	7 2010
City Montpelier	State VT	Zip Code 05601		Amount of Each	Disbursement this Period
Purpose of Disbursement		-			1000.00
Candidate Name Rep. Peter Welch			Category/ Type		
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President State: VT District: 01	Other (spe	city) 🔻			
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	nal)				3500.00

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	26 30
Any Information copied from such Reports and Stater				
r for commercial purposes, other than using the name	e and address of any political co	ommittee to so	incit contributions from such committee	
NAME OF COMMITTEE (In Full) American Nurses Association PAC				
/ American Nuises Association FAC				
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Hooisers for Hill			Date of Disbursement	
Mailing Address PO Box 1071			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ J \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ J \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ J \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} D \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} J \end{smallmatrix} \end{bmatrix} \begin{bmatrix} J \\ J \end{smallmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} J $	Y
City Seymour	State Zip Code IN 47274-1071		Amount of Each Disbursement this P	Period
Purpose of Disbursement	Г	• •	1000.00	
Candidate Name		Category/		
Rep. Baron Hill		Type		
X	ement For: 2010			
Senate X	Primary General Other (specify) ▼			
State: IN District: 09	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: BC8FDA607BA	54/03
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Mailing Address PO BOx 23940			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$	Y
City Santa Barbara	State Zip Code CA 93121		Amount of Each Disbursement this P	Period
Purpose of Disbursement	GA 93121		1000.00	
Candidate Name Rep. Lois Capps		Category/		
	ement For: 2010	Туре		
Senate	Primary X General			
President	Other (specify)			
State: CA District: 23				
Full Name (Last, First, Middle Initial) Kagen for Congress			Transaction ID: BA81D064D17E	E146B
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Mailing Address 100 W College Ave Ste	50-D		03	
City Appleton	State Zip Code WI 54911-5749		Amount of Each Disbursement this P	Period
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Candidate Name Rep. Steven L Kagen		Category/ Type		
Office Sought: X House Disburs	ement For: 2010	- 71		
Senate	Primary General			
President District 00	Other (specify)			
State: WI District: 08				
Oldie. III Biolifet. 00				
SUBTOTAL of Disbursements This Page (optional)			3500.00	

		BURSEMEN	,	for each	arate schedule(s) category of the Summary Page	(check on 21b	22 X 23	PAGE 26/30
								28c 29 30b soliciting contributions
or f	<u>.</u>		ing the name	and addre	ss of any political	committee to s	olicit contributions f	rom such committee
	NAME OF COMM American Nurs	IITTEE (In Full) es Association P	AC					
	Full Name (Last, I	First, Middle Initial)					Transaction ID	: BB4C238481ACC4D00
	Scott Murphy for	or Congress					Date of Disburs	
	Mailing Address	5 S Side Dr #2	24				03 / 0	26 2010
	City Clifton Park			State NY	Zip Code 12065		Amount of Eac	h Disbursement this Period
	Purpose of Disbu	rsement				-	† L	1000.00
	Candidate Name Rep. Scott Mur	phy				Category/ Type		
	Office Sought:	χ House	Disburse	ment For:	2010			
		Senate	X	Primary	General			
	State: NY	President District: 20		Other (spe	ecity) 🔻			
		First, Middle Initial)					Transaction IF	: BE57260C1B379492D
	•	for Dave Obey					Date of Disburs	
	Mailing Address	PO Box 1322					03 / 0	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Wausau			State WI	Zip Code 54402-1322		Amount of Eac	h Disbursement this Period
	Purpose of Disbu	rsement				· · ·		1000.00
	Candidate Name Rep. Dave R. 0	Dbey				Category/ Type		
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2010 General			
	State: WI	District: 07		Other (opt	5011 y) ∀			
	, ,	First, Middle Initial) FOR CONGRES	S				Transaction ID Date of Disburs	D: B3A5D64D9468A44BE
	Mailing Address	320 Kenarden	Dr				03 / 0	17 2010
	City Highland Heigh	nts		State OH	Zip Code 44143		Amount of Eac	h Disbursement this Period
	Purpose of Disbu					-		2500.00
	Candidate Name					Category/		
	Rep. Steven C.	LaTourette				Category/ Type		
	Office Sought:	X House Senate		ment For:	2010 General		-	
	State: OH	President District: 14		Other (spe	ecity) 🔻			
			1					• • • • • • • •
								4500.00

	DISBURSEMENT	Use separate	ory of the (FOR LINE (check only	one) 22 X 23	PAGE 27/30 24 25 26
Any Information	copied from such Reports a			27 27	28a 28b	28c 29 30b
	al purposes, other than using					
\	COMMITTEE (In Full)					
/ American	Nurses Association PAC					
	ast, First, Middle Initial)					B97DFDFD9C5FC4F50
	r Harry Reid				Date of Disburse	
Mailing Add	ress PO Box 19163				0 3 1	7 2010
City			Code		Amount of Each	Disbursement this Period
Las Vegas	Disbursement	NV 89	123			1000.00
Candidate N Sen. Harry				Category/ Type		
Office Soug	ht: House	Disbursement For:	2010			
	X Senate President	Primary (Specify)	X General			
State: NV	District:	Cirior (opeony)	•			
,	ast, First, Middle Initial)					BDBF6F3E7DDAA4B8B
Markey for	Congress				Date of Disburse	
Mailing Add	ress PO Box 1333				03 / 2	6 2010
City Ft Collins			Code 521		Amount of Each	Disbursement this Period
	Disbursement	00 80	J21			1500.00
Candidate N	lama		[Oata samul		
Rep. Bets			'	Category/ Type		
Office Soug		Disbursement For:	2010			
	Senate President	X Primary Other (specify)	General			
State: CO	District: 04					
,	ast, First, Middle Initial) for Congress				Transaction ID: Date of Disburse	BBC1117D246E14A68
						7
Mailing Add	ress PO Box 1457				03	7 2010
City			Code		Amount of Each	Disbursement this Period
lowa City	Disbursement	IA 52	244			1000.00
				Category/		
	Candidate Name Rep. Dave Loebsack					
Office Soug	ht: X House	Disbursement For:	2010	Туре		
	Senate President	X Primary Other (specify)	General			
State: IA	District: 02	Other (specify)	▼			
SUBTOTAL o	Disbursements This Page (optional)				3500.00
	<u> </u>	•				

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27 27	22 X 23 24 25 26 28a 28b 28c 29 30
ny Information copied from such Reports and Statem for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Nurses Association PAC			
Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS			Transaction ID: BD3D5F70B48B647F Date of Disbursement
Mailing Address PO Box 9336			03
Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		Category/	1000.00
Rep. Earl Pomeroy	ement For: 2010	Type	
	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY			Transaction ID: B8CA559B2CBDC4F Date of Disbursement
Mailing Address 151 Linden Rd			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $
City Mineola	State Zip Code NY 11501		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name Rep. Carolyn McCarthy		Category/ Type	
Office Sought: X House Disburse Senate President State: NY District: 04	ement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress			Transaction ID: B4597C6C1027D4BA
Mailing Address 38 Ivy St SE			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix} $
City Washington	State Zip Code DC 20037		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name Rep. John W. Olver		Category/ Type	
Senate X President	ement For: 2010 Primary General Other (specify)		
State: MA District: 01 SUBTOTAL of Disbursements This Page (optional)			3000.00
ALIBICAL OF DISPURSEMENTS THIS Page (Ontional)			3000.00

	CHEDULE B (FEC Form STEMIZED DISBURSEMENT	for each category of the	FOR LINE (check only	NUMBER: PAGE 29/30 y one) 22
	ny Information copied from such Reports		27 d by any person f	28a 28b 28c 29 30b or the purpose of soliciting contributions
OI	r for commercial purposes, other than usin	ng the name and address of any politica	l committee to so	licit contributions from such committee
	NAME OF COMMITTEE (In Full) American Nurses Association PA	С		
_	Full Name (Last, First, Middle Initial)			Transaction ID: B13178063884E43A899D
Α.	Blumenauer For Congress			Date of Disbursement
	Mailing Address 830 NE Hollada Ste 105	у		03 M / D24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Portland	State Zip Code OR 97232		Amount of Each Disbursement this Period
	Purpose of Disbursement			1250.00
	Candidate Name Rep. Earl Blumenauer		Category/ Type	
	Office Sought: X House Senate President State: OR District: 03	Disbursement For: 2010 X Primary General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED	TOWNS		Transaction ID: BB87225FBB9D145E5B4 Date of Disbursement
	Mailing Address 438 Lewis A			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Brooklyn	State Zip Code NY 11233		Amount of Each Disbursement this Period
	Purpose of Disbursement			1500.00
	Candidate Name Rep. Edolphus Towns		Category/ Type	
	Office Sought: X House Senate President State: NY District: 10	Disbursement For: 2010 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2750.00
TOTAL This Period (last page this line number only)	•	40250.00

SCHEDOLE B (I LC I OHII SX)	Use separate schedule(s)	(check on	: NUMBER: lv one)	PAGE 30/30
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 23 X 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stator for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Nurses Association PAC				
Full Name (Last, First, Middle Initial) Patricia Diane Werner				: BD0652BE7992544FE
Mailing Address 117 Lamms Mill Rd			Date of Disburs	0 1
City	State Zip Code		Amount of Eac	n Disbursement this Period
Wernersville	PA 19565-9107		-	-120.00
Purpose of Disbursement took too much out of her account. refund				120.00
Candidate Name		Category/ Type		
Office Sought: House Disbution Senate President State: District:	rsement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction IC): BF1F53AAF6A664744
Sheela Sathiyavageeswaran			Date of Disburs	sement
Mailing Address 2550 Olinville Ave #II		01 2010		
City Bronx	State Zip Code NY 10467-7440		Amount of Eac	n Disbursement this Period
Purpose of Disbursement refund. charged card too much.				-120.00
Candidate Name	(Category/ Type		
Office Sought: House Senate President State: District:	rsement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Mary Sauers			Transaction ID Date of Disburs	: BC7EF4D18AC9447D6
Mailing Address 100 Sinnott Place			03 /	19 7 2010
City North Liberty	State Zip Code IA 52317-9299		Amount of Eac	n Disbursement this Period
Purpose of Disbursement refunded because billed 2 times.		-120.00		
Candidate Name		Category/ Type		
Senate President	rsement For: Primary General Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (options	al)	<u> </u>		-360.00
TOTAL This Period (last page this line number or	ıly)	•		-360.00