

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

American Nurses Association PAC

ADDRESS (number and street)

8515 Georgia Avenue

Suite 400

☐Check if different  
than previously  
reported. (ACC)

Silver Spring

MD

20910

3492

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00017525

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of

(d) 30-Day

**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2010

through

05

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Donna M. Policastro

Signature of Treasurer

Electronically Filed by Donna M. Policastro

Date

06

12

2010

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	52484.84
(b) Cash on Hand at Beginning of Reporting Period .....	130218.42	
(c) Total Receipts (from Line 19) .....	31156.35	184426.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	161374.77	236911.76
7. Total Disbursements (from Line 31) .....	36340.00	111876.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	125034.77	125034.77
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M  
0 5D D  
0 1Y Y Y Y  
2 0 1 0

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5396.86	29762.82
(ii) Unitemized .....	25753.42	157140.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31150.28	186903.46
(b) Political Party Committees .....	0.00	-2500.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	31150.28	184403.46
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	6.07	23.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	31156.35	184426.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31156.35	184426.92

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	146.99	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	146.99	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	111750.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	340.00	-20.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	340.00	-20.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36340.00	111876.99	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36340.00	111876.99	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31150.28	184403.46
34. Total Contribution Refunds (from Line 28(d)) .....	340.00	-20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30810.28	184423.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	146.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	146.99

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

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

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Benjamin Kilinski

Mailing Address 518 Eastern Pkwy #3f

City

Brooklyn

State

NY

Zip Code

11225-1574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK UNIVERSITY

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: AD5DABEEF6087419ABBD

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Jean A. Ansley

Mailing Address 849 Kingswood Dr

City

Lima

State

OH

Zip Code

45804-3343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lima Memorial Hospital

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 1 0

Transaction ID: A66B69AE0199349E0B87

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Marilyn A. Sullivan

Mailing Address 123 Cardiff Ct

City

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 ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 1 0

Transaction ID: AF30DEDF837BF43ECB0C

Amount of Each Receipt this Period

25.20

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

133.53

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

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

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

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary Buszuwski

Mailing Address 8515 Georgia Ave  
Suite 400

City State Zip Code  
Silver Spring MD 20910-3492

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Nurses Associati-  
on

Occupation  
Executive Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: AB6D4747C9D25414F882

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Thoman Thoman Curtis

Mailing Address 1823 Ridgewood Ave # 212

City State Zip Code  
Daytona Beach FL 32117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A462CC1F9213741C4A52

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Susan E Jacobson

Mailing Address 3 S. 76th Ave

City State Zip Code  
Yakima WA 98908-1504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
YAKIMA REGIONAL HOSPITAL

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 1 0

Transaction ID: A64430EB5B0E6420F841

Amount of Each Receipt this Period

125.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Debra Cannon

Mailing Address 205 Horseshoe Dr

City

Spotsylvania

State

VA

Zip Code

22553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEALTH SOUTH

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: AF667FDB5672841F8A34

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bonnie L. Faherty

Mailing Address 18175 Andrea Circle N#4

City

Northridge

State

CA

Zip Code

91325-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Professor Emerita

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: A7A74255101424C0A807

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anne M. McNamara

Mailing Address 6511 N. Maryland Cir

City

Phoenix

State

AZ

Zip Code

85013-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grand Canyon University

Occupation  
Dean

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: AAC21DB3EC79A42B2AD7

Amount of Each Receipt this Period

250.00

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

583.33

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



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

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

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Diane L. Winfrey

Mailing Address 3710 Latimore Rd

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Va Medical Center

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A207D445D6A5A44B7828

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Elissa E. Brown

Mailing Address 15651 Dickens Street, #115

City

Encino

State

CA

Zip Code

91436-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Veterans Affairs Nursing  
Center of Sep

Occupation  
Clinical Nurse Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A3D07D926C7C1465FA03

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ernest C. Klein

Mailing Address 3365 Leatherbury Ln # B

City

Indianapolis

State

IN

Zip Code

46222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M. Stegmann M.d.

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

Transaction ID: A58C702CACE7542349B2

Amount of Each Receipt this Period

150.00

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

525.00

**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 10 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Tracy A. Hollar-Ruegg

Mailing Address 245 Oakham Ct

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio State Dept

Occupation

Adult Nse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	0

Transaction ID: A42F0CEDA0DC3472494B

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

A. Jonathan Stump

Mailing Address PO Box 9008

City

Canton

State

OH

Zip Code

44711-9008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested - Asked not to  
be made publi

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	0

Transaction ID: A731ABB2A185D4F95B50

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Linda S. Warino

Mailing Address 6151 Leffingwell Rd

City

Canfield

State

OH

Zip Code

44406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Reserve Care Syst

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	0

Transaction ID: A5BF2CB96E4AE4815B28

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Sheela Sathiyavageswaran

Mailing Address 2550 Olinville Ave #11

City

Bronx

State

NY

Zip Code

10467-7440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Medical and Mental  
Health

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: A0055A1D064714B2387A

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Susan Jones

Mailing Address 1009 Homestead Ct

City

Bowling Green

State

KY

Zip Code

42104-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western KY Univ

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: ABE59DBB271A04C618D3

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Diane Werner

Mailing Address 117 Lamms Mill Rd

City

Wernersville

State

PA

Zip Code

19565-9107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Reading Hospital & Me-  
dical Ctr

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: AD1357442ABD946E6AA2

Amount of Each Receipt this Period

10.00

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

270.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Glennie Millard

Mailing Address 22315 133rd Ave

City

Laurelton

State

NY

Zip Code

11413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NSYNA

Occupation

RN-Nursing Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A66B4C928F73C4354A25

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Angela Maryland

Mailing Address 420 S. Home Ave

City

Oak Park

State

IL

Zip Code

60302-3770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NP Care of Illinois

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A6320A674F4E343EA948

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Carolyn Roberts

Mailing Address 3692 State Hwy 14

City

Santa Fe

State

NM

Zip Code

87508-8063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW MEXICO NURSES ASSOCIA-  
TION

Occupation

Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A0315A4F856634DEB984

Amount of Each Receipt this Period

50.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Donna M. Policastro

Mailing Address 293 Whitford Ave

City

Providence

State

RI

Zip Code

02908-3354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aaron Sherman, MD

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A9FEE06396EF8415DB18

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Karen Daley

Mailing Address 350 North St #803

City

Boston

State

MA

Zip Code

02113-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brigham & Women's Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

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

Transaction ID: AB5599B9E453A435488A

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Karen Daley

Mailing Address 350 North St #803

City

Boston

State

MA

Zip Code

02113-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brigham & Women's Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

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

Transaction ID: A6B1239E44DE94DFE997

Amount of Each Receipt this Period

85.00

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

435.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Robin Schaeffer

Mailing Address 7438 E. Knowles Ave

City

Mesa

State

AZ

Zip Code

85209-6211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARIZONA NURSES ASSOCIATION

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A5B5B49EDAEE94A30906

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Tanida Rerkjirattikal

Mailing Address 19 Summit Ridge Ct

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ossu

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: AB60B1A93FA4E46F0895

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Sadie Parker

Mailing Address 100 Palmetto Dr

City

Edgewood

State

MD

Zip Code

21040-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kernan Hospital

Occupation  
Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A71333A8DF6E54194A67

Amount of Each Receipt this Period

250.00

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

530.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Robin E. Pattillo

Mailing Address 358 South 1000 West

City

Blackfoot

State

ID

Zip Code

83221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auburn University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: A83D175CC7D80449A90A

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

DAPHNEY I. Powell

Mailing Address 71 Parkview Rd

City

Elmsford

State

NY

Zip Code

10523-3819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK PRESBYTERIAN HOS-  
PITAL

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: A1CB142166DBD4400AB6

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

Kay A. Ball

Mailing Address 6743 S. Old State Rd

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
K and D Medical

Occupation  
Perioperative Nurse Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: A7A51CDE9B88D46BAAD5

Amount of Each Receipt this Period

250.00

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

620.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Pamela F. Cipriano

Mailing Address 512 Rosemont Dr

City

Charlottesville

State

VA

Zip Code

22903-7694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UVA Health System

Occupation

Chief Clinical Officer

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	0

Transaction ID: AF5D09020502840B1A61

Amount of Each Receipt this Period

250.00

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

250.00

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

5396.86



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

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 S Capitol

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B4EB5217C17724F06A1E

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
05 / 05 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BFE1B0AEA22494EAD841

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
05 / 05 / 2010

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 Maryland Ave

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** BAA050431C9904A17AAD

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
05 / 05 / 2010

Amount of Each Disbursement this Period

2500.00

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

7500.00

**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 18 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tuesday Group	<b>Transaction ID:</b> B1B6424FFFB984C33A6F <b>Date of Disbursement</b>
Mailing Address PO Box 40385	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Blue Dog PAC	<b>Transaction ID:</b> B42BE8CFBA147499E942 <b>Date of Disbursement</b>
Mailing Address 6849 Old Dominion Dr Ste 222	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 1 0</div> </div>
City McLean State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	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) Friends Of Phil Hare	<b>Transaction ID:</b> BE5E0C603097B4DC4AA0 <b>Date of Disbursement</b>
Mailing Address 499 S Capitol St Sw	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Phil Hare	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6000.00

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

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

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Betty Sutton For Congress	<b>Transaction ID:</b> BF39B7524ECD240DC9C6 <b>Date of Disbursement</b>																				
Mailing Address 1700 W Market St #155	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	1	0												
City Akron State OH Zip Code 44313	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Betty Sutton	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	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) Debbie Wasserman Schultz for Congress	<b>Transaction ID:</b> BBA7DA402EED74296868 <b>Date of Disbursement</b>																				
Mailing Address PO Box 71147	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>9</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	5		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	1	0												
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Debbie Wasserman Schultz	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	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) WYDEN FOR SENATE	<b>Transaction ID:</b> BAC7CDB864FBA4A9EBBF <b>Date of Disbursement</b>																				
Mailing Address 122 C St NW Ste 505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>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	5		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	7		2	0	1	0												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Sen. Ron Wyden	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	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) .....	<table border="1"> <tr> <td>4500.00</td> </tr> </table>	4500.00																			
4500.00																					
<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 20 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) DANIEL K INOUE IN 2010	<b>Transaction ID:</b> B0E058048723346AC8B4 <b>Date of Disbursement</b>
Mailing Address 1088 Bishop St Ste 109	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 1 0</div> </div>
City Honolulu State HI Zip Code 96813	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Sen. Daniel K. Inouye	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	<b>Transaction ID:</b> B9E8645504473495CB71 <b>Date of Disbursement</b>
Mailing Address PO Box 868	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 1 0</div> </div>
City Levittown State PA Zip Code 19058	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Patrick J. Murphy	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John Spratt for Congress	<b>Transaction ID:</b> BF509E4AEE08047DC8C3 <b>Date of Disbursement</b>
Mailing Address PO Box 830	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 6 / 2 0 1 0</div> </div>
City York State SC Zip Code 29745	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Rep. John M. Spratt, Jr.	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Gerry Connolly for Congress	<b>Transaction ID:</b> B95E9DD4B42784AD5A8C <b>Date of Disbursement</b>
Mailing Address PO Box 563	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 0</div> </div>
City State Zip Code Merrifield VA 22116	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Gerry Connolly	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kurt Schrader for Congress	<b>Transaction ID:</b> B02F10BD420044AB2B80 <b>Date of Disbursement</b>
Mailing Address 307 N Main St Ste 240	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 7 / 2 0 1 0</div> </div>
City State Zip Code Oregon City OR 97045	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Kurt Schrader	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Adler for Congress	<b>Transaction ID:</b> B7F0E2FF2CEFD481584E <b>Date of Disbursement</b>
Mailing Address 499 S Capitol St SW Ste 412	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 6 / 2 0 1 0</div> </div>
City State Zip Code Washington DC 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. John H. Adler	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) FEINGOLD FOR SENATE	<b>Transaction ID:</b> B7E4C2DE5E95D45A8900 <b>Date of Disbursement</b>																				
Mailing Address PO Box 620062	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</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	5		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	1	0												
City Middleton State WI Zip Code 53562	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Sen. Russell D. Feingold	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	<b>Transaction ID:</b> BD68B2EFA0E704F4B8C1 <b>Date of Disbursement</b>																				
Mailing Address PO Box	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>6</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	5		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	1	0												
City Columbia State SC Zip Code 29211	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. James E. Clyburn	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Dina Titus for Congress	<b>Transaction ID:</b> BE1B6D2E42C274DB1A50 <b>Date of Disbursement</b>																				
Mailing Address PO Box 50614 Ste C	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</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	5		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	1	0												
City Henderson State NV Zip Code 89106	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Dina Titus	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Michaud for Congress	<b>Transaction ID:</b> B81FA3119FD144BB8BEE <b>Date of Disbursement</b>
Mailing Address 213 Lisbon St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 6 / 2 0 1 0</div> </div>
City Lewiston State ME Zip Code 04240	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Michael H. Michaud	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Perriello for Congress	<b>Transaction ID:</b> B34896A676E9A45B98B5 <b>Date of Disbursement</b>
Mailing Address 401 9th St NW Ste 725	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20004	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Tom Perriello	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO COMMIT	<b>Transaction ID:</b> B82E4ADCF4DBA4596A8D <b>Date of Disbursement</b>
Mailing Address 12 Trumbull St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 1 0</div> </div>
City New Haven State CT Zip Code 06511	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>500.00</div>
Candidate Name Rep. Rosa L. DeLauro	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>2500.00</div>
<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)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Yarmuth for Congress</p> <p>Mailing Address 1815 Brownsboro Rd Ste 100</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John Yarmuth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</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> B7EE2C9097F554AA6843</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalva Congressional Committee</p> <p>Mailing Address PO Box 1242</p> <p>City Tucson State AZ Zip Code 85702</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Raul M. Grijalva</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07</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> BAE54053525D84660A31</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO Box 16128</p> <p>City Washington State DC Zip Code 77222</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29</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> BE16E61C26A04452DBBD</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

**3000.00**

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

**36000.00**



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 25

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Debra L. Greenspan

Mailing Address 7260 River Bend Rd

City Nashville State TN Zip Code 37221-6707

Purpose of Disbursement  
Mistakenly gave \$ to PAC twice. Requested refund

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: BB20533EE8E7F434ABA9

Date of Disbursement

05 / 19 / 2010

Amount of Each Disbursement this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Linda L. Shanta

Mailing Address 524 Assinibion Dr

City Bismarck State ND Zip Code 58504

Purpose of Disbursement  
membership check mistakenly sent to PAC and deposited

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: B8B8CF60C195E428BA00

Date of Disbursement

05 / 05 / 2010

Amount of Each Disbursement this Period

240.00

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

340.00

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

340.00