FEC FORM 3X	AN	EPORT O ND DISBU Other Than A	JRSEME	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA	=/(0.	nple:If typing the lines	, type			
ADDRESS (number and	street)	515 Georgia Avenu	ie 					<b>_</b>
Check if differ than previously reported. (ACC	ent L	ilver Spring					20910	3492 
2. FEC IDENTIFICAT	ION NUMBER	₩ _	CITY 🛤		S	STATE	ZIPCOI	DE 🔺
C00017525			3. IS THIS REPORT		NEW N) <b>OR</b>	AM (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) 5 Report(Q3) 1 Report(YE) id-Year on-election	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Elec Report for (d) 30-Day <b>Post</b> -Ele Report for	tion the: Election on ction	X	12C)	Sep 2	2G) in the State o	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer	reasurer	Donna M. Policasti y Filed by Donna	my knowledge a ro M. Policastro		Da	ate 06	2010	2010
NOTE : Submission of f				ijeci ine perso			FEC FOR (Rev. 12/20)	M 3X

Image# 10930811965

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 25

Ņ	Write or Type Committee Name American Nurses Association PAC		
1	Report Covering the Period: From:	0 1 0 1 0 1	To:
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y		52484.84
	(b) Cash on Hand at Begining 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	]
10.	Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	]

X 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

FE6AN026

Image#	109308119	66
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# DETAILED SUMMARY PAGE OF RECEIPTS

	FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	3 / 25
V	Vrite or Type Committee Name American Nurses Association PAC		
F	Report Covering the Period: From:	5 0 1 Y Y Y Y 2 0 1 0	To: 05 31 Y Y Y Y 31 2010
	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
	<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
-	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

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#### Image# 10930811967

## DETAILED SUMMARY PAGE

1 1

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nage# 10930811967	of Disbursements			
FEC Form 3X (Rev. 02/2003)		4 / 25		
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
<ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal</li> </ul> </li> </ol>				
(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		
<ol> <li>Contributions to Federal Candidates/Committeesand Other Political Committees</li> </ol>		111750.00		
<ol> <li>Independent Expenditure (use Schedule E)</li> </ol>	0.00	0.00		
<ol> <li>Coordinated Expenditures Made by Pa Committees (2 U.S.C. 441a(d)) (use Schedule F)</li></ol>	rtv	0.00		
26. Loan Repayments Made	0.00	0.00		
<ol> <li>Loans Made</li> <li>Refunds of Contributions To:</li> <li>(a) Individuals (Paragene Other)</li> </ol>	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees		-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		
<ul> <li>30. Federal Election Activity (2 U.S.C 431)</li> <li>(a) Shared Federal Election Activity</li> </ul>	20))			
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entit With Federal Funds	ely 0.00	0.00		
(c) Total Federal Election Activity (ad Lines 30(a)(i), 30(a)(ii) and 30(b	0.00	0.00		
<ol> <li>Total Disbursements (add Lines 21(c) 23, 24, 25, 26, 27, 28(d), 29 and 30(c</li> </ol>	00040.00	111876.99		
32. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a) from Line 31)	(ii) 36340.00	111876.99		
	30340.00	111070.99		

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## DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 25

	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

FE6AN026

commercial purposes, other than using AME OF COMMITTEE (In Full) merican Nurses Association PAC ull Name (Last, First, Middle Initial) enjamin Kilinski ailing Address 518 Eastern Pkwy ty rooklyn EC ID number of contributing deral political committee. ame of Employer EW YORK UNIVERSITY eceipt For:		Date of Receipt Date of Receipt Transaction ID: AD5DABEEF6087419ABB Amount of Each Receipt this Period 25.00
anjamin Kilinski ailing Address 518 Eastern Pkwy ty rooklyn EC ID number of contributing deral political committee. ame of Employer EW YORK UNIVERSITY eceipt For:	State Zip Code NY 11225-1574	M M M       / D D       Y Y Y Y         0 5       2 0 1 0         Transaction ID: AD5DABEEF6087419ABB         Amount of Each Receipt this Period
cooklyn EC ID number of contributing deral political committee. ame of Employer EW YORK UNIVERSITY eceipt For:	NY 11225-1574 C Occupation	Transaction ID: AD5DABEEF6087419ABB Amount of Each Receipt this Period
EC ID number of contributing deral political committee. ame of Employer EW YORK UNIVERSITY ecceipt For:	Occupation	Amount of Each Receipt this Period
deral political committee. ame of Employer EW YORK UNIVERSITY ecceipt For:	Occupation	25.00
eceipt For:		—
Primary   General     Other (specify)	Aggregate Year-to-Date ▼ 225.00	
III Name (Last, First, Middle Initial) an A. Ansley ailing Address 849 Kingswood Dr		Date of Receipt
	05 08 2010	
ty	State Zip Code	Transaction ID: A66B69AE0199349E0B87
ma EC ID number of contributing deral political committee.	OH 45804-3343	Amount of Each Receipt this Period 83.33
ame of Employer ma Memorial Hospital	Occupation Nurse	
eceipt For: Primary General Other (specify) <b>▼</b>	Aggregate Year-to-Date ▼ 250.00	
Ill Name (Last, First, Middle Initial) arilyn A. Sullivan ailing Address 123 Cardiff Ct		Date of Receipt
ty	State Zip Code	0 5 0 8 2 0 1 0 Transaction ID: AF30DEDF837BF43ECB0
lidell	LA 70461-4101	Amount of Each Receipt this Period
EC ID number of contributing deral political committee.	C	25.20
ame of Employer etired	Occupation Registered Nurse	
eceipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 276.00	
	I	133.53
	aceipt For: Primary General Other (specify) ▼ III Name (Last, First, Middle Initial) arilyn A. Sullivan ailing Address 123 Cardiff Ct ty idell C ID number of contributing deral political committee. The polyper aceipt For:	Aggregate Year-to-Date   Primary   Other (specify)   III Name (Last, First, Middle Initial)   arilyn A. Sullivan   ailing Address   123 Cardiff Ct   ty   idell   C   C   Drumber of contributing   deral political committee.   me of Employer   etired   Primary   General

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME CP COMMITTEE (in Full)         American Nurses Association PAC         Full Name (Last, First, Middle Initia)         May Buszuwski         Mailing Address       8515 Georgia Ave         Suite 400       City         City       State         Primary       General         Occupation       Agregate Year-to-Date         Amiling Address       1823 Ridgewood Ave # 212         City       State         Zip Code       Transaction ID: AB6D4747C9D25414         Amount of Each Receipt Hor:       Occupation         American Nurses Associati-       Occupation         Agregate Year-to-Date       Image: Code         Primary       General         Other (specify) v       Image: Code         Aggregate Year-to-Date       Image: Code         Primary       General         Other (specify) v       Image: Code         State       Zip Code         Primary       General         Other (specify) v       Image: Code         Primary       General         Other (specify) v       Site         Eqc		HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 7 / 25         (check only one)       11a         X       11a       11b         13       14       15       16       17
A.       Mary Buzzuwski       Date of Receipt         Mailing Address       8515 Georgia Ave Suite 400       Date of Receipt         City       State       Z/p Code         Silver Spring       MD       20910-3492         FEC ID number of contributing federal political committee.       C       Image: Committee and the second the period         Name of Employer American Nurses Associati- on Receipt For:       Occupation Pression       Aggregate Year-to-Date ▼         Other (specify)       State       Z/p Code       Image: Committee and the second the period         3.       Full Name (Last, First, Middle Initial)       Barbara Thoman Thoman Curits       Date of Receipt         Maiing Address       1823 Ridgewood Ave # 212       Image: Committee and the second the period       Image: Committee and the second the period         Name of Employer American Thoman Thoman Curits       Cocupation Receipt For:       Date of Receipt         Date of Encloyer Address       1823 Ridgewood Ave # 212       Image: Committee and the second the period         Name of Employer Receipt For:       Occupation Receipt For:       Aggregate Year-to-Date V       Image: Committee and the period         Name of Employer Receipt For:       Aggregate Year-to-Date V       Image: Committee and the period       Image: Committee and the period         City       State       Zp Code	or fo	or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	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.
3.       Barbara Thoman Thoman Curtis       Date of Receipt         Mailing Address       1823 Ridgewood Ave # 212       0 5         City       State       Zip Code         Daytona Beach       FL       32117         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Retired       Occupation RN       Aggregate Year-to-Date       ✓         Primary       General Other (specify) ♥       Date of Receipt       Date of Receipt         City       State       Zip Code       Transaction ID: A462CC1F9213741C         Mailing Address       3 S. 76th Ave       ✓       500.00         City       State       Zip Code       ✓         Yakima       WA       98908-1504       Transaction ID: A64430EB5B0E6420         Amount of Each Receipt this Period       Transaction ID: A64430EB5B0E6420       Amount of Each Receipt this Period         Yakima       WA       98908-1504       Transaction ID: A64430EB5B0E6420         YakiMa REGIONAL HOSPITAL       RN       Rgregate Year-to-Date       ✓         YakiMa Residonal HOSPITAL       RN       Aggregate Year-to-Date       ✓         YakiMa Residonal HOSPITAL       RN       Aggregate Year-to-Date       ✓   <	<b>A.</b> <u>I</u> <u>C</u> <u>C</u> <u>C</u> <u>C</u> <u>C</u> <u>C</u> <u>C</u> <u>C</u>	Mary Buszuwski Mailing Address 8515 Georgia Ave Suite 400 City Silver Spring FEC ID number of contributing ederal political committee. Name of Employer American Nurses Association Receipt For: Primary General	MD C Occupatio Executive	20910-3492 n e Office e Year-to-Date ▼	M       M       M       D       D       P       Y
Susan E Jacobson       Date of Receipt         Mailing Address       3 S. 76th Ave         City       State       Zip Code         Yakima       WA       98908-1504         FEC ID number of contributing federal political committee.       C       Transaction ID: A64430EB5B0E6420         Name of Employer YAKIMA REGIONAL HOSPITAL       Occupation RN       Aggregate Year-to-Date ▼         Primary       General       Aggregate Year-to-Date ▼       250.00	<b>3.</b> <u>F</u> C F f	Barbara Thoman Thoman Curtis Mailing Address 1823 Ridgewood Ave # City Daytona Beach FEC ID number of contributing ederal political committee. Name of Employer Retired Receipt For: Primary General	State FL C Occupatio RN	32117 n e Year-to-Date ▼	M 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
	C. <u>S</u>	Susan E Jacobson         Mailing Address       3 S. 76th Ave         City         Yakima         FEC ID number of contributing ederal political committee.         Name of Employer YAKIMA REGIONAL HOSPITAL         Receipt For:         Primary       General	WA C Occupatio RN	98908-1504	M       M       M       D       D       P       Y
SUBTOTAL of Receipts This Page (optional) 750.00	SU	BTOTAL of Receipts This Page (optional)			750.00

•	DULE A (FEC Form 3X) Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 8 / 25 (check only one)				
ITEMIZED RECEIPTS	•	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In F	•						
American Nurses Associa	tion PAC						
Full Name (Last, First, Middle Mrs. Debra Cannon	Initial)	Date of Receipt					
Mailing Address 205 Horse	eshoe Dr		M M / D D / Y Y Y Y 05 17 2010				
City	State	Zip Code	Transaction ID: AF667FDB5672841F8A				
<u>Spotsylvania</u>	VA	22553	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		83.33				
Name of Employer HEALTH SOUTH	Occupatio RN	n					
Receipt For:	Aggregate	Year-to-Date 🔻	-1				
Primary       Gener         Other (specify) ▼		416.65					
Full Name (Last, First, Middle Dr. Bonnie L. Faherty	Initial)	Date of Receipt					
Mailing Address 18175 An	M M / D D / Y Y Y Y 05 17 2010						
City	State	Zip Code	Transaction ID: A7A74255101424C0A80				
Northridge	CA	91325-1158	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Retired	Occupatio Professo	<sup>n</sup> r Emerita					
Receipt For:	00 0	e Year-to-Date 🔻					
Primary       Gener         Other (specify) ▼		250.00					
Full Name (Last, First, Middle Dr. Anne M. McNamara	Initial)		Date of Receipt				
	laryland Cir	0 5 1 7 2 0 1 0					
City	State	Zip Code	Transaction ID: AAC21DB3EC79A42B2				
Phoenix	AZ	85013-1030	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Grand Canyon University	Occupatio Dean	n					
Receipt For: Primary Gener		e Year-to-Date ▼ 625.00					
Other (specify)	0 0						
SUBTOTAL of Receipts This Pa	ge (optional)		583.33				
TOTAL This Period (last page th							

-			FOR LINE NUMBER: PAGE 9 / 25							
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)							
ľ	FEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12							
		Detailed Summary Page								
/ c	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any per-	son for the purpose of soliciting contributions to solicit contributions from such committee.							
Ν	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)								
	American Nurses Association PAC									
	Full Name (Last, First, Middle Initial) Mrs. Diane L. Winfrey	Date of Receipt								
	Mailing Address 3710 Latimore Rd		M         M         /         D         D         /         Y							
	City	State Zip Code	Transaction ID: A207D445D6A5A44B78							
	Shaker Heights	OH 44122	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	125.00							
	Name of Employer Va Medical Center	Occupation RN								
	Receipt For:	Aggregate Year-to-Date V	—							
	Primary General									
	Other (specify)	245.00								
	Full Name (Last, First, Middle Initial) Elissa E. Brown	Date of Receipt								
	Mailing Address 15651 Dickens Street,	#115	05 / 18 / Y Y Y Y 05 / 18							
	City	State Zip Code	Transaction ID: A3D07D926C7C1465F							
	Encino	CA 91436-3101	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	250.00							
	Name of Employer Veterans Affairs Nursing	Occupation								
	Center of Sep	Clinical Nurse Specialist								
	Receipt For:	Aggregate Year-to-Date								
	Other (specify)	500.00								
_	Full Name (Last, First, Middle Initial) Ernest C. Klein	I	Date of Receipt							
	Mailing Address 3365 Leatherbury Ln #	ŧB	05 18 2010							
	City	State Zip Code	Transaction ID: A58C702CACE754234							
	Indianapolis	IN 46222	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	150.00							
	Name of Employer M. Stegmann M.d.	Occupation Executive Director								
	Receipt For:	Aggregate Year-to-Date ▼								
	Primary General	250.00								
	Other (specify)									
Г		1	525.00							

S	CHEDULE A (FEC Form 3X)		separate schodulo(a)	FOR LINE NUMBER: PAGE 10 / 25							
					(check only one)						
	I EMIZED RECEIPTS		iled Summary Page	X 11a	11b	11c	Ц	12	—		
	Any information copied from such Reports and or for commercial purposes, other than using the second second second second second second second second second	Statements may not be	sold or used by any pers	on for the purpose	e of soliciti	15 ng con uch co	tribu mmi	16 tions ttee.	<u> </u>	17	
K	NAME OF COMMITTEE (In Full)							$\neg$			
	American Nurses Association PAC										
∠ A.	Full Name (Last, First, Middle Initial) Tracy A. Hollar-Ruegg				Date of Receipt						
	Mailing Address 245 Oakham Ct			0 5 <sup>/</sup>	D D 1 8	/ Y		) 10	Y		
	City	State Zip	Code	Transactio	n ID: A42	FOCE	EDA	0DC	3472	249	
	Powell	OH 43	065	Amount of	Each Rec	eipt thi	s Pe	riod			
	FEC ID number of contributing federal political committee.	C					25	0.00	1		
	Name of Employer Ohio State Dept	Occupation Adult Nse Pract	itioner								
	Receipt For:	Aggregate Year-to									
	Primary General	33 13									
	Other (specify) <b>v</b>	0 0 0	250.00								
— В.	Full Name (Last, First, Middle Initial) A. Jonathan Stump				ceipt						
	Mailing Address PO Box 9008			0 5 <sup>/</sup>	D D D 18	/ Y		) 10			
	City	State Zip	Code	Transactio	n ID: A73	31ABE	32A	185C	)4F9	5B	
	<u>Canton</u>	OH 44	711-9008	Amount of	Each Rec	eipt thi	s Pe	riod			
	FEC ID number of contributing federal political committee.	C						0.00			
	Name of Employer Requested - Asked not to be made publi	Occupation RN									
	Receipt For:	Aggregate Year-to	-Date 🔻								
	Primary   General     Other (specify)		250.00	]							
- C.	Full Name (Last, First, Middle Initial) Linda S. Warino			Date of Re	ceipt						
	Mailing Address 6151 Leffingwell Rd			0 5 <sup>/</sup>	D D 18	/ Y		y 0 1 0			
	City Canfield		Code 406	Transactio Amount of					E481	5B	
	FEC ID number of contributing federal political committee.	C						0.00		1	
	Name of Employer Western Reserve Care Syst	Occupation		_					_		
	Receipt For:	RN	Data V								
	Primary General	Aggregate Year-to	-Date V								
	Other (specify) ▼	0 0 0	250.00								
Г		1				v			*	-	

ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 25 (check only one)				
- 1	TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12				
			Detailed Summary Page					
Г	Any information copied from such Reports and S	Statomonte ma	y not be cold or used by any pers					
	or for commercial purposes, other than using the	e name and ad	dress of any political committee to	o solicit contributions from such committee.				
	American Nurses Association PAC							
	American Nurses Association 1 Ao							
∠ A.	Full Name (Last, First, Middle Initial) Sheela Sathiyavageeswaran	Date of Receipt						
	Mailing Address 2550 Olinville Ave #II			0 5 1 9 2 0 1 0				
	City	State	Zip Code	Transaction ID: A0055A1D064714B2387A				
	Bronx	NY	10467-7440					
			10407-7440	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		10.00				
	Name of Employer Lincoln Medical and Mental	Occupatio	n	-				
	Lincoln Medical and Mental Health	RN						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General	39.5944						
	Other (specify)		270.00					
				-				
-	Full Name (Last, First, Middle Initial)							
В.	Susan Susan Jones			Date of Receipt				
	Mailing Address 1009 Homestead Ct			M M / D D / Y Y Y Y 05 19 2010				
	City	State	Zip Code					
		KY	•	Transaction ID: ABE59DBB271A04C618D				
	Bowling Green	<u> </u>	42104-4121	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Western KY Univ	Occupatio	n	-				
	Western KY Univ	Professo	r					
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General	33 13		1				
	Other (specify)		300.00					
_								
~	Full Name (Last, First, Middle Initial)							
C.	Patricia Diane Werner			Date of Receipt				
	Mailing Address 117 Lamms Mill Rd			05 19 2010				
	City	State	Zip Code	Transaction ID: AD1357442ABD946E6AA				
	Wernersville	PA	19565-9107	Amount of Each Receipt this Period				
		17						
	FEC ID number of contributing federal political committee.	C		10.00				
	Name of Employer The Reading Hospital & Me-	Occupatio	n					
	dical Ctr	RN						
	Receipt For:	Aggregate	e Year-to-Date 🔻	_				
	Primary General		270.00					
	Other (specify) 🔻	-						
Г								
				270.00				
L	SUBTOTAL of Receipts This Page (optional)							
	TOTAL This Period (last page this line number	<sup>-</sup> only)	I					

S	CHEDULE A (FEC Form 3X)				FO	R LINE	NUN	ИВЕF	R: PA	GE	12/2	5	
			Use separate so for each categor		(ch	eck only	y one	e)					
	EMIZED RECEIPTS		Detailed Summa		Х	11a		11b	110	; [	12		
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A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used dress of any politica	d by any perso I committee to	on for t	the purp t contrib	oose oution	of sol Is froi	iciting co m such o	ontrib comn	outions nittee.	i	
	NAME OF COMMITTEE (In Full)												
	American Nurses Association PAC												
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	Mailing Address 22315 133rd Ave					<sup>м</sup> 5	1	<sup>۵</sup> 2			20 <sup>Y</sup> 10		
	City	State	Zip Code		1	Transa	ction	ID:	A66B4	C928	3F730	2435	54A2
	Laurelton	NY	11413						Receipt				
	FEC ID number of contributing federal political committee.	C								2	50.00	)	
	Name of Employer NSYNA	Occupatio											
			sing Representation	ve	_								
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻										
	Other (specify) ▼	0 0	• • • • • • •	250.00									
— 3.	Full Name (Last, First, Middle Initial) Mary Angela Maryland					Date of	Rec	eipt					
	Mailing Address 420 S. Home Ave					м м 0 5	1	۔ 2			Y 2 0 1 0		
	City	State	Zip Code		1	Transa	ction	ID:	A6320/	4674	IF4E3	343E	EA94
	Oak Park	IL	60302-3770		_	Amoun	t of E	ach I	Receipt	this F	Period		
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	Name of Employer NP Care of Illinios	Occupatio RN	on										
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	Primary     General       Other (specify) ▼			250.00	]								
	Full Name (Last, First, Middle Initial) Carolyn Roberts					Date of	Bec	eint					
	Mailing Address 3692 State Hwy 14					0 5	_	D 2			Y 2 0 1 0		
	City	State	Zip Code			Transa	ction	ID:	A0315/	4F8	35663	4DE	EB98
	Santa Fe	NM	87508-8063						Receipt				
	FEC ID number of contributing federal political committee.	C									50.00	)	
	Name of Employer NEW MEXICO NURSES ASSOCIA- TION	Occupatio Nurse	on										
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I	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 13/25           (check only one)         Image: Constraint of the second
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Nurses Association PAC	d Statements may the name and addr	not be sold or used by any pers ess 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) Donna M. Policastro Mailing Address 293 Whitford Ave			Date of Receipt
	City	State	Zip Code	
	Providence	RI	02908-3354	Transaction ID: A9FEE06396EF8415DB Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Aaron Sherman, MD	Occupation Executive	Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]
– B.	Full Name (Last, First, Middle Initial) Karen Daley			Date of Receipt
	Mailing Address 350 North St #803			05 / 21 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: AB5599B9E453A435488
	Boston	MA	02113-2114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Brigham & Women's Hospital	Occupation RN		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 385.00	]
- C.	Full Name (Last, First, Middle Initial) Karen Daley			Date of Receipt
	Mailing Address 350 North St #803			05 21 Y Y Y Y 05 21 2010
	City	State	Zip Code	Transaction ID: A6B1239E44DE94DFE9
	Boston FEC ID number of contributing federal political committee.	C	02113-2114	Amount of Each Receipt this Period 85.00
	Name of Employer Brigham & Women's Hospital	Occupation RN		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 385.00	]
Γ	SUBTOTAL of Receipts This Page (optional	<b>_</b>		435.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $14/25$ (check only one)X11a11b11c12X1314151617on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Nurses Association PAC	he name and addr	ess of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Robin Schaeffer Mailing Address 7438 E. Knowles Ave			Date of Receipt
	City	State	Zip Code	Transaction ID: A5B5B49EDAEE94A3090
	Mesa	AZ	85209-6211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ARIZONA NURSES ASSOCIATION	Occupation RN		
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary     General       Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Tanida Rerkjirattikal			Date of Receipt
	Mailing Address 19 Summit Ridge Ct			05 / 23 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: AB60B1A93FA4E46F089
	Lake Oswego	OR	97035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Ossu	Occupation RN		
	Receipt For:	Aggregate \	'ear-to-Date ▼	
	Primary     General       Other (specify)		210.00	]
- C.	Full Name (Last, First, Middle Initial) Mrs. Sadie Parker			Date of Receipt
	Mailing Address 100 Palmetto Dr			M M / D D / Y Y Y Y 05 24 2010
	City	State	Zip Code	Transaction ID: A71333A8DF6E54194A6
	Edgewood	MD	21040-3520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kernan Hospital	Occupation Program [	Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	′ear-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<b>I</b>		530.00

SCHEDULE A (FEC Form 3X	$\mathbf{O}$	FOR LINE NUMBER: PAGE 15/25									
•	Use separate schedule(s) for each category of the	(check only one)									
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and	d Statements may not be sold or used by any pe	erson for the purpose of soliciting contributions									
or for commercial purposes, other than using	the name and address of any political committe	e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)											
American Nurses Association PAC											
Full Name (Last, First, Middle Initial)		Date of Receipt									
Robin E. Pattillo Mailing Address 358 South 1000 We	st	M M / D D / Y Y Y Y									
City	State Zip Code	0 5 2 4 2 0 1 0 Transaction ID: A83D175CC7D80449A9									
Blackfoot	ID 83221	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.		250.00									
Name of Employer Auburn University	Occupation										
Receipt For:	Professor Aggregate Year-to-Date V										
Primary General	Aggregate rear-to-Date V										
Other (specify)	250.00										
Full Name (Last, First, Middle Initial) DAPHNEY I. Powell		Date of Receipt									
Mailing Address 71 Parkview Rd		05 25 2010									
City	State Zip Code	Transaction ID: A1CB142166DBD4400									
Elmsford	NY 10523-3819	Amount of Each Receipt this Period									
FEC ID number of contributing											
federal political committee.		120.00									
Name of Employer NEW YORK PRESBETERIAN HOS-	Occupation										
PITAL	RN										
Receipt For:	Aggregate Year-to-Date 🔻										
Primary General	240.00										
Other (specify)											
Full Name (Last, First, Middle Initial)		Data of Receipt									
Kay A. Ball		Date of Receipt									
	ld	Date of Receipt									
Kay A. Ball	Rd State Zip Code	M M / D D / Y Y Y Y 05 / 27 / 2010									
Kay A. Ball Mailing Address 6743 S. Old State R		M M / D D / Y Y Y Y 05 / 27 / 2010									
Kay A. Ball Mailing Address 6743 S. Old State R City Lewis Center	State Zip Code OH 43035	M       M       M       M       P       P       P       Y									
Kay A. Ball Mailing Address 6743 S. Old State R City	State Zip Code	M M M         /         D D         Y </td									
Kay A. Ball Mailing Address 6743 S. Old State R City Lewis Center FEC ID number of contributing	State Zip Code OH 43035 C Occupation	M       M       M       M       P       P       P       Y									
Kay A. Ball         Mailing Address       6743 S. Old State R         City         Lewis Center         FEC ID number of contributing federal political committee.         Name of Employer K and D Medical	State     Zip Code       OH     43035       C     Occupation       Perioperative Nurse Consultant	M       M       M       D       D       P       Y									
Kay A. Ball         Mailing Address       6743 S. Old State R         City         Lewis Center         FEC ID number of contributing federal political committee.         Name of Employer K and D Medical         Receipt For:	State Zip Code OH 43035 C Occupation	M       M       M       D       D       P       Y									
Kay A. Ball         Mailing Address       6743 S. Old State R         City         Lewis Center         FEC ID number of contributing federal political committee.         Name of Employer K and D Medical         Receipt For:         Primary       General	State     Zip Code       OH     43035       C     Occupation       Perioperative Nurse Consultant	M       M       M       M       P       P       P       Y									
Kay A. Ball         Mailing Address       6743 S. Old State R         City         Lewis Center         FEC ID number of contributing federal political committee.         Name of Employer K and D Medical         Receipt For:	State     Zip Code       OH     43035       C       Occupation       Perioperative Nurse Consultant       Aggregate Year-to-Date	M       M       M       D       D       P       Y									
Kay A. Ball         Mailing Address       6743 S. Old State R         City         Lewis Center         FEC ID number of contributing federal political committee.         Name of Employer K and D Medical         Receipt For:         Primary       General	State     Zip Code       OH     43035       C     Occupation       Perioperative Nurse Consultant       Aggregate Year-to-Date       250.00	M M M       /       D D       /       Y Y Y       Y         0 5       2 7       2 0 1 0         Transaction ID: A7A51CDE9B88D46B.         Amount of Each Receipt this Period									

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate sched for each category of Detailed Summary F	the	FOR LINE NUMBER:       PAGE 16 / 25         (check only one)       11a         X       11a       11b         I       11c       12         I       13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by dress of any political cor	any person nmittee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	American Nurses Association PAC				
Α.	Full Name (Last, First, Middle Initial) Dr. Pamela F. Cipriano				Date of Receipt
	Mailing Address 512 Rosemont Dr				M M / D D / Y Y Y Y 05 28 2010
	City	State	Zip Code		Transaction ID: AF5D09020502840B1A61
	Charlottesville	VA	22903-7694		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer UVA Health System	Occupatio Chief Cli	n nical Officer		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 250	0.00	

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

Washington       DC       20003         Purpose of Disbursement	
Information copied from such Reports and Statements may not be sold or used by any person for the purpose of sc for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (in Full)       American Nurses Association PAC          Full Name (Last, First, Middle Initial)        Transaction ID:          DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE        Transaction ID:          Mailing Address       430 S Capitol         City       State       Zip Code         Washington       DC       20003         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement For:       2010         Prepose of Disbursement       Category/ Type       Transaction ID:         Date of Disbursement       Disbursement For:       2010         Prepose of Disbursement       Category/ Type       Transaction ID:         Date of Disbursement       Category/ Type       Transaction ID:         Date of Disbursement       Category/ Type       Transaction ID:         Date of Disbursement       Category/ Type       Date of Disburse         Office Sought:       House       Disbursement For:       2010         City       Senate       Category/ Type       Transaction ID:         Disbursement	24 25 26 28c 29 30
Full Name (Last, First, Middle Initial)       Transaction ID: Date of Disburse         Mailing Address       430 S Capitol         City       State       Zip Code         Washington       DC       20003         Purpose of Disbursement       Category/         City       State       Disbursement For:         Office Sought:       House       Disbursement For:       2010         Purpose of Disbursement       Other (specify)       Transaction ID: Date of Disbursement For:         State:       District:       Other (specify)       Transaction ID: Date of Disbursement For:         Value       State       Zip Code       Amount of Each         Mailing Address       425 2nd St NE       Category/       Transaction ID: Date of Disbursement For:         Candidate Name       DC       20002       Amount of Each         Purpose of Disbursement       DC       20002       Amount of Each         Office Sought:       House       Disbursement For:       2010       Amount of Each         Office Sought:       House       Disbursement For:       2010       Amount of Each         Office Sought:       House       Disbursement For:       2010       Transaction ID: Date of Disburse         Office Sought:       House       <	pliciting contributions
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE       Date of Disburse         Mailing Address       430 S Capitol         City       State       Zip Code         Washington       DC       20003         Purpose of Disbursement       Category/ Type       Amount of Each         Candidate Name       Disbursement For:       2010         Category/ Type       Senate       President         Office Sought:       House       Disbursement For:       2010         State:       District:       Transaction ID:         National Republican Senatorial Committee       Date of Disbursement         City       State       Zip Code         Washington       DC       20002         Purpose of Disbursement       Category/ Type       Date of Disburse         City       State       Zip Code         Washington       DC       20002         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement For:       2010         Candidate Name       Disbursement For:       2010       Category/ Type         Office Sought:       House       Disbursement For:       2010       Category/ Type         Office Sought:       House       Disburs	
City       State       Zip Code       Amount of Each         Purpose of Disbursement       Category/       Type         Office Sought:       House       Disbursement For:       2010         State:       District:       President       Other (specify)         Full Name (Last, First, Middle Initial)       National Republican Senatorial Committee       Transaction ID:         Mailing Address       425 2nd St NE       Mount of Each         City       State       Zip Code         Purpose of Disbursement       DC       20002         Purpose of Disbursement       DC       20002         Gity       State       Zip Code         Mailing Address       425 2nd St NE       Mount of Each         City       State       Zip Code         Purpose of Disbursement       Category/       Type         Office Sought:       House       Disbursement For:       2010         Candidate Name       Disbursement For:       2010       Transaction ID:         Office Sought:       House       Disbursement For:       2010         Senate       President       Other (specify)       Date of Disburse         Full Name (Last, First, Middle Initial)       Det of Disburse       Date of Disburse	ement
Washington       DC       20003         Purpose of Disbursement       Category/ Type         Office Sought:       House       Disbursement For:       2010         Office Sought:       House       Disbursement For:       2010         Office Sought:       President       Other (specify) ▼       Image: Category/ Type         State:       District:       Primary       X General         Mailing Address       425 2nd St NE       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Office Sought:       House         Office Sought:       House       Disbursement For:       2010         Category/ Type       Category/ Type       Category/ Type       Other (specify)         Office Sought:       House       Disbursement For:       2010         Senate       President       Other (specify)       Transaction ID:         State:       District:       Disbursement For:       2010         Senate       President       Other (specify)       Transaction ID:         DemocrATIC SENATORIAL CAMPAIGN COMMITTEE       Date of Disbursement Of	<sup>D</sup> / <sup>Y</sup> 2010 <sup>Y</sup>
Candidate Name       Category/ Type         Office Sought:       House Senate       Disbursement For:       2010         President       Other (specify)       Image: Category/ State:       Image: Category/ Disbursement For:       Transaction ID:         Full Name (Last, First, Middle Initial)       National Republican Senatorial Committee       Image: Category/ Date of Disburse       Image: Category/ Type       Image: Category/ Type         Mailing Address       425 2nd St NE       Image: Category/ Type       Im	Disbursement this Period
Office Sought:       House       Disbursement For:       2010         President       President       Other (specify) ▼         State:       District:       Transaction ID:         Full Name (Last, First, Middle Initial)       National Republican Senatorial Committee       Transaction ID:         Mailing Address       425 2nd St NE       Image: Category/ Type       Disbursement         City       State       Zip Code       Amount of Each         Washington       DC       20002       Image: Category/ Type         Office Sought:       House       Disbursement For:       2010         Candidate Name       Category/ Type       Category/ Type         Office Sought:       House       Disbursement For:       2010         State:       District:       Transaction ID:       Date of Disburse         Full Name (Last, First, Middle Initial)       Deter (specify) ▼       Transaction ID:         DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE       Transaction ID:       Date of Disburse         Mailing Address       120 Maryland Ave       0C       0       0         City       State       Zip Code       Amount of Each         Washington       DC       20002       Amount of Each	2500.00
Office Sought:       House       Disbursement For:       2010         State:       District:       Other (specify)       Image: Construct of the specify)         Full Name (Last, First, Middle Initial)       National Republican Senatorial Committee       Image: Construct of the specify)       Image: Construct of the specify)         Mailing Address       425 2nd St NE       Image: Construct of the specify)       Image: Construct of the specify)       Image: Construct of the specify)         City       State       Zip Code       Amount of Each         Washington       DC       20002       Amount of Each         Purpose of Disbursement       Image: Construct of the specify)       Image: Construct of the specify)       Image: Construct of the specify)         Office Sought:       House       Disbursement For:       2010       Amount of Each         Office Sought:       House       Disbursement For:       2010       Image: Construct of the specify)         State:       District:       Disbursement For:       2010       Image: Construct of the specify)       Image: Construct of the specify)         Full Name (Last, First, Middle Initial)       DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE       Image: Construct of the specify of the specific of the specify of the specific of the specific of the specific o	
National Republican Senatorial Committee       Date of Disburse         Mailing Address       425 2nd St NE         City       State       Zip Code         Washington       DC       20002         Purpose of Disbursement       Category/ Type       Amount of Each         Candidate Name       Category/ Type       Category/ Type         Office Sought:       House       Disbursement For:       2010         Senate       Primary       General       Cher (specify)         Other (specify)       Transaction ID:       Date of Disburse         Full Name (Last, First, Middle Initial)       DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE       Transaction ID:         Mailing Address       120 Maryland Ave       0       0         City       State       Zip Code       Amount of Each         Washington       DC       20002       Amount of Each	
City     State     Zip Code       Purpose of Disbursement     DC     20002       Purpose of Disbursement     Category/ Type       Office Sought:     House       Disbursement For:     2010       X     Primary       General     Other (specify)       Full Name (Last, First, Middle Initial)       DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE       Mailing Address     120 Maryland Ave       City     State       City     State       Vashington     DC	BFE1B0AEA22494EA
Washington       DC       20002         Purpose of Disbursement	<sup>D</sup> / Y Y Y Y Y 5 / 2010
Purpose of Disbursement         Candidate Name         Candidate Name         Office Sought:       House         Disbursement For:       2010         Senate       X         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)         DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE         Mailing Address       120 Maryland Ave         City       State       Zip Code         Washington       DC       20002	Disbursement this Period
Type         Office Sought:       House       Disbursement For:       2010         Senate       Yerimary       General         President       Other (specify)       ✓         State:       District:       Transaction ID:         Full Name (Last, First, Middle Initial)       DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE       Transaction ID:         Mailing Address       120 Maryland Ave       Ø 5 <sup>M</sup> / 0         City       State       Zip Code         Washington       DC       20002	2500.00
Office Sought:       House       Disbursement For:       2010         Senate       Primary       General         President       Other (specify)       ▼         State:       District:       Transaction ID:         Full Name (Last, First, Middle Initial)       Transaction ID:       Date of Disburse         DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE       Mailing Address       120 Maryland Ave         City       State       Zip Code       Amount of Each         Washington       DC       20002       Amount of Each	
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE     Date of Disburse       Mailing Address     120 Maryland Ave       City     State     Zip Code       Washington     DC     20002	
City     State     Zip Code     Amount of Each       Washington     DC     20002	BAA050431C9904A1
Washington DC 20002	<sup>D</sup> / <sup>Y</sup> 2010 <sup>Y</sup>
	Disbursement this Period
	2500.00
Candidate Name Category/ Type	
Office Sought:     House     Disbursement For:     2010       Senate     Yrimary     General       President     Other (specify)	
SUBTOTAL of Disbursements This Page (optional)	7500.00

CHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 18/25									
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)									
_	Detailed Summary Page	21b 27	22 X 23 28a 28b	$  _{2^{i}}$	4 8c	25 29	26					
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r for commercial purposes, other than using the name												
NAME OF COMMITTEE (In Full)												
American Nurses Association PAC												
Full Name (Last, First, Middle Initial)			Transaction I	<b>D:</b> B1E	B6424	FFB98	4C3					
Tuesday Group	uesday Group											
Mailing Address PO Box 40385			05 /	05	Ý Ý	0 1 0 <sup>Y</sup>						
City	State Zip Code		Amount of Ea	ch Disbu	irsemen	t this Per	iod					
Washington	DC 20016											
Purpose of Disbursement		· ·			25	00.00						
Candidate Name		Category/										
Candidate Name		Type										
Office Sought: House Disburse	ement For: 2010											
Senate	Primary X General											
President	Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial)     Transaction ID:     B42BE8CFB/       Blue Dog PAC     Date of Disbursement												
Blue Dog FAC					V V		1					
Mailing Address 6849 Old Dominion Dr Ste 222			0 5 /	<b>19</b>	2	0 1 0 <sup>°</sup>						
City McLean	State Zip Code VA 22101		Amount of Ea	ch Disbu	irsemen	t this Per	iod					
	VA 22101				25	00.00	U					
Purpose of Disbursement												
Candidate Name		Category/										
		Туре										
, i i i i i i i i i i i i i i i i i i i	ement For: 2010											
Senate           President	Primary X General Other (specify)											
State: District:	Other (specify)											
Full Name (Last, First, Middle Initial)			Transaction I		FFOCO	000070						
Friends Of Phil Hare			Date of Disbu			030970	400					
			0 <sup>5</sup> /0 <sup>-1</sup> /0 <sup>-1</sup>	1 2 /	Y Y	0 1 0 <sup>Y</sup>	1					
Mailing Address 499 S Capitol St Sw			0.5	12		010						
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Washington	DC 20003				10	00.00						
Purpose of Disbursement	l r		L		10	00.00						
Candidate Name		Category/										
Rep. Phil Hare		Type										
Office Sought: X House Disburse	ement For: 2010											
Senate	Primary X General											
President	Other (specify)											
State: IL District: 17												
					60	00.00						
<b>UBTOTAL</b> of Disbursements This Page (optional)		►					-					
OTAL This Period (last page this line number only)		►										
6AN026		-	FEC Sched	dule B (	Form 3)	() (Revis	ed 0					

CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	22         X         23         24         25           28a         28b         28c         29	26 30b
ny Information copied from such Reports and State for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)				
American Nurses Association PAC				
Full Name (Last, First, Middle Initial) Betty Sutton For Congress			Transaction ID: BF39B7524ECD2 Date of Disbursement	40DC
Mailing Address 1700 W Market St #155			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 5 \end{array} \end{array} \begin{array}{c} P \\ 0 \\ 5 \end{array} \end{array} \begin{array}{c} D \\ 0 \\ 5 \end{array} \begin{array}{c} D \\ 0 \\ 5 \end{array} \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ 0 \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ Y \\ 0 \\ 1 \\ 0 \end{array} $	
City Akron	State Zip Code OH 44313		Amount of Each Disbursement this Peri	od
Purpose of Disbursement		· · ·	1000.00	
Candidate Name Rep. Betty Sutton		Category/ Type		
5 X	ement For: 2010 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress			Transaction ID: BBA7DA402EED7 Date of Disbursement	742968
Mailing Address PO Box 71147				
City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Peri	od
Purpose of Disbursement		· · ·	1000.00	
Candidate Name Rep. Debbie Wasserman Schultz		Category/ Type		
5 X	ement For: 2010 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) WYDEN FOR SENATE			Transaction ID: BAC7CDB864FBA	\4A9E
Mailing Address 122 C St NW Ste 505			$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 5 \end{array} \end{array} \begin{array}{c} D \\ 0 \\ 7 \end{array} \end{array} \begin{array}{c} D \\ 0 \\ 7 \end{array} \end{array} \begin{array}{c} D \\ 7 \end{array} \begin{array}{c} D \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 1 \\ 0 \end{array} \begin{array}{c} Y \\ Y $	
City Washington	State Zip Code DC 20001		Amount of Each Disbursement this Peri	od
Purpose of Disbursement			2500.00	
Candidate Name Sen. Ron Wyden		Category/ Type		
X Senate X President	ement For: 2010 Primary General Other (specify) ▼			
State: OR District:				
SUBTOTAL of Disbursements This Page (optional)			4500.00	.

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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	NUMBER:     PAGE     20 / 25       22     X     23     24     25     26       28a     28b     28c     29     30b
ny Information copied from such Reports and State r for commercial purposes, other than using the na			or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Nurses Association PAC			
Full Name (Last, First, Middle Initial) DANIEL K INOUYE IN 2010			Transaction ID: B0E058048723346AC8 Date of Disbursement
Mailing Address 1088 Bishop St Ste 109		$\begin{bmatrix} M & M \\ 0 & 5 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 1 \\ 0 \end{pmatrix}$	
City Honolulu	State Zip Code HI 96813		Amount of Each Disbursement this Period
Purpose of Disbursement	90013		2000.00
Candidate Name Sen. Daniel K. Inouye		Category/ Type	
Office Sought: House Disbur	sement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Patrick Murphy For Congress			Transaction ID: B9E8645504473495CE Date of Disbursement
Mailing Address PO Box 868		$ \begin{array}{c} M & M \\ 0 & 5 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 1 & 7 \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} Y \\ 2 & 0 & 1 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 2 \\ \end{array} \begin{array}{c} Y \\ 1 \\ \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \begin{array}{c} Y \\ Y \\ Y \end{array} \begin{array}{c} Y \\ Y \end{array} \end{array} $	
City Levittown	State Zip Code PA 19058		Amount of Each Disbursement this Period
Purpose of Disbursement	[		2000.00
Candidate Name Rep. Patrick J. Murphy	L	Category/ Type	
	sement For: 2010 X Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) John Spratt for Congress			Transaction ID: BF509E4AEE08047DC Date of Disbursement
Mailing Address PO Box 830			$\begin{bmatrix} M & M \\ 0 & 5 \end{bmatrix} \begin{bmatrix} 7 & D \\ 2 & 6 \end{bmatrix} \begin{bmatrix} 7 & Y & Y \\ 2 & 0 & 1 \end{bmatrix} \begin{bmatrix} 7 & Y \\ 2 & 0 & 1 \end{bmatrix}$
City York	State Zip Code SC 29745		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		1500.00
Candidate Name Rep. John M. Spratt, Jr.		Category/ Type	
	sement For: 2010 X Primary General Other (specify) ♥		
SUBTOTAL of Disbursements This Page (optiona	)	····· <b>Þ</b>	5500.00
TOTAL This Period (last page this line number on	у)	►	
6AN026			FEC Schedule B (Form 3X) (Revised 02/2

	(FEC Form 3X)		Use separate schedule(s)		-		NE NUMBER: PAGE 21 / 25										
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NAME OF COMMIT American Nurses	, ,	10															
American Nuises	ASSOCIATION FA	40															
Full Name (Last, Fir Gerry Connolly fo	,								<b>Trans</b> Date c		ion ID Visburs			9DD	)4B42	2784	AD
Mailing Address	PO Box 563								<sup>™</sup> 5	М	/ D	<sup>D</sup> 2		Ý Ž	źoł	0 <sup>Y</sup>	
City Merrifield			State VA	Zip Code 22116					Amou	nt c	of Each	i Dis	burse	-		-	d
Purpose of Disburse	ement								<u> </u>	0				10	00.00	)	
Candidate Name Gerry Connolly						ateg Typ											
	<ul><li>K House</li><li>Senate</li><li>President</li></ul>		ment For: Primary Other (spe	2010 Genera ecify) ▼	I												
	istrict: 11																
,	Full Name (Last, First, Middle Initial) Kurt Schrader for Congress									of D	isburs	eme	-	-	_	_	AB2
Mailing Address	Mailing Address 307 N Main St Ste 240									М	/ <b>D</b>	) 7		Ý Ý	2010	0 Y	
City Oregon City			State OR	Zip Code 97045					Amou	nt c	of Each	i Dis	burse				d
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Candidate Name Rep. Kurt Schrac		ateg Typ															
	K House Senate President		ment For: Primary Other (spe	2010 Genera ecify) ▼	I												
	istrict: 05																
Full Name (Last, Fir Adler for Congres	,								M		isburs	eme					4815
Mailing Address	499 S Capitol S	St SW Ste	412						0 5			26		2	2010	0	
City Washington			State DC	Zip Code 20003					Amou	nt c	of Each	Dis	burse				bd
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Candidate Name Rep. John H. Adl		1				ateg Typ											
Office Sought:	<ul> <li>K House</li> <li>Senate</li> <li>President</li> </ul>		ment For: Primary Other (spe	2010 Genera	l												
State: NJ D	istrict: 03																
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for commercial purposes, other than using the name and address of any political contributions from such committee         NAME OF COMMITTEE (In Full)         Amorican Nurses Association PAC         Full Name (Last, First, Middle Initial)         FEINGOLD FOR SENATE         Mailing Address       PO Box 620062         City       State         Purpose of Disbursement         Caradidate Name         State:       WI         State:       State         President         Disbursement       Caradidate Name         State:       VI         State:       VI         Disbursement       Caradidate Name         State:       WI         Disbursement       Caradidate Name         State:       VI         State:       Disbursement For:         Other (specify)       V         Mailing Address       PO Box         City       State         President       State         Other (specify)       V         State:       Caradidate Name         Rep. James E:       Disbursement For:       2010         Office Sought:       X House       Disbursement For:       2010         Office Sought:	EMIZED DISBURSEMENTS			21b		22 [			F	1	L		F	26
FEINGOLD FOR SENATE       Date of Disbursement         Mailing Address       PO Box 620062         City       State       Zip Code         Middleton       WI       53562         Purpose of Disbursement       Category/ Type         Candidate Name Scandidate Name State: WI       Disbursement For:       2010         City       X Senate President       Disbursement For:       2010         City       X Senate President       Disbursement For:       2010         State: WI       District:       Other (specify)       Friends of Jim Clyburn         Mailing Address       PO Box       Disbursement For:       2010         City       State       Zip Code       Amount of Each Disbursement         Columbia       SC       29211       Purpose of Disbursement         Purpose of Disbursement       Category/ Type       Transaction ID: BD68B2EFA0E704/ Date of Disbursement His Period         City       Samate       Disbursement For:       2010         City       State       Zip Code       Amount of Each Disbursement His Period         Columbia       SC       29211       Purpose of Disbursement       1000.00         Category/ Type       Other (specify) ▼       Amount of Each Disbursement       1000.00 <tr< th=""><th>for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>4</th></tr<>	for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)													4
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Candidate Name       Category/ Type         Office Sought:       House President       Disbursement For:       2010         State: WI       District:       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Friends of Jim Clyburn       Transaction ID:       BD68B2EFA0E704f         Malling Address       PO Box       Other (specify) ▼       Amount of Each Disbursement       Disbursement         Columbia       SC       29211       Amount of Each Disbursement this Period       Amount of Each Disbursement this Period         Cardidate Name       Category/ Rep. James E. Clyburn       Disbursement For:       2010       Amount of Each Disbursement this Period         Office Sought:       X House       Disbursement For:       2010       Category/ Type       Transaction ID:       BE186D2E42C274I         Office Sought:       X House       Disbursement For:       2010       Transaction ID:       BE186D2E42C274I         Dina Titus for Congress       Malling Address       PO Box 50614 Ste C       City       Y 2 0 1 0 Y         Chice Sought:       X House       Disbursement For:       2010       Category/ Type       Malling Address       PO Box 50614 Ste C         City       Senate       Disbursement For:       2010       Category/ Type       Disbursement this Period </td <td></td> <td></td> <td></td> <td></td> <td>4</td> <td>Amour</td> <td>nt of</td> <td>Each</td> <td>) Dis</td> <td>sbur</td> <td>rsem</td> <td>ent this</td> <td>Peri</td> <td>od</td>					4	Amour	nt of	Each	) Dis	sbur	rsem	ent this	Peri	od
Sen. Russell D. Feingold       Type         Office Sought:       House         X senate       President         President       Other (specify)         State: WI       Disbursement For:         Full Name (Last, First, Middle Initial)       Friends of Jim Clyburn         Mailing Address       PO Box         Columbia       State         Columbia       SC         Columbia       SC         Candidate Name       Category/ Type         President       Disbursement For:         Candidate Name       Disbursement For:         President       Disbursement For:         Office Sought:       X House         President       Disbursement For:         Other (specify)       V         State: SC       District: 06         Full Name (Last, First, Middle Initial)       Disbursement For:         Dina Titus for Congress       Mailing Address         Mailing Address       PO Box 50614 Ste C         City       Senate       President         Category/ Type       Type         Office Sought:       X House       Disbursement For:         City       Senate       PO Box 50614 Ste C         City       Senate	Purpose of Disbursement	Γ									2	2000.0	0	
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City       State       Zip Code         Columbia       SC       29211         Purpose of Disbursement       Image: Category/ Type       1000.00         Candidate Name       Senate       Disbursement For:       2010         City       Senate       Disbursement For:       2010         State: SC       District: 06       X       Primary       General         Full Name (Last, First, Middle Initial)       Dina Titus for Congress       Transaction ID:       BE1B6D2E42C2740         Mailing Address       PO Box 50614 Ste C       Mailing Address       PO Box 50614 Ste C       Mailing Address         City       State       Zip Code       Amount of Each Disbursement this Period         Purpose of Disbursement       Category/ Type       Y				Date o	of Di	sburs	eme		08B2	_	_	4-41		
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Dina Titus for Congress       Date of Disbursement         Mailing Address       PO Box 50614 Ste C         City       State       Zip Code         Henderson       NV       89106         Purpose of Disbursement       Category/ Type         Candidate Name Rep. Dina Titus       Disbursement For:       2010         Office Sought:       X       House President       Disbursement For:       2010         State: NV       District: 03       Other (specify)       ✓       Amount of Each Disbursement for:	Senate President	K Primary General												
City     State     Zip Code       Henderson     NV     89106       Purpose of Disbursement     1000.00       Candidate Name     Category/ Rep. Dina Titus     1000.00       Office Sought:     X     House       Disbursement For:     2010       Y     Senate     Primary       Office Sought:     X     Primary       State: NV     District: 03											1B6[	D2E42	C27	4DB
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Candidate Name     Category/ Type       Candidate Name     Category/ Type       Office Sought:     X       Y     Disbursement For:     2010       Senate     X       President     Other (specify)       State: NV     District: 03					4	Amour	nt of	Each	ı Dis	sbur			-	od
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NAME OF COMMITTEE (In Full)									
American Nurses Association PAC									
Full Name (Lest First Middle Initial)									
Full Name (Last, First, Middle Initial) Michaud for Congress				Date of	Disburs	emen			)144BB8
Mailing Address 213 Lisbon St				05	/ <sup>D</sup> 2	2 <sup>D</sup>	/	žo i	0
City Lewiston	StateZip CodeME04240			Amount	of Each	ı Disb			
Purpose of Disbursement								000.0	0
Candidate Name Rep. Michael H. Michaud		Categ Typ							
Office Sought: X House Disbu Senate President State: ME District: 02	rsement For: 2010 X Primary General Other (specify) ▼								
Full Name (Last, First, Middle Initial) Perriello for Congress				Date of	Disburs	emen			9A45B9
Mailing Address 401 9th St NW Ste 72	5			0 5	/ <sup>D</sup>	<sup>D</sup> 2	/ _	²01	0 <sup>×</sup>
City Washington	StateZip CodeDC20004			Amount	of Each	ı Disb	ÿ		
Purpose of Disbursement								000.0	0
Candidate Name Rep. Tom Perriello		Categ Typ		_					
Office Sought: X House Disbu Senate President State: VA District: 05	rsement For: 2010 X Primary General Other (specify) ▼								
Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO COMM	Т				<b>ction ID</b> Disburs			DCF4	DBA459
Mailing Address 12 Trumbull St				05	/ <sup>D</sup> C	5 5	/ Y	²0ỉ	0 <sup>Y</sup>
City New Haven	State Zip Code CT 06511			Amount	of Each	ı Disb	ursem	ent this	Period
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Candidate Name Rep. Rosa L. DeLauro		Categ Typ							
Senate President	rsement For: 2010 X Primary General Other (specify) ▼								
State: CT District: 03					• •		~		0
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	22 X 23 24 25 26
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NAME OF COMMITTEE (In Full)			
American Nurses Association PAC			
Full Name (Last, First, Middle Initial) Yarmuth for Congress			Transaction ID: B7EE2C9097F554AA6
			Date of Disbursement
Mailing Address 1815 Brownsboro Rd Ste 100			
City Louisville	StateZip CodeKY40206		Amount of Each Disbursement this Period
Purpose of Disbursement	[		1000.00
Candidate Name Rep. John Yarmuth		Category/ Type	
	eement For: 2010                                		
Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalva Congr	essional Commit-		Transaction ID: BAE54053525D84660 Date of Disbursement
tee Mailing Address PO Box 1242			$\begin{bmatrix} M & M \\ 0 & 5 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 6 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Tucson	State Zip Code AZ 85702		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name Rep. Raul M. Grijalva	I	Category/ Type	
X	eement For: 2010 Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAM	PAIGN		Transaction ID: BE16E61C26A04452E Date of Disbursement
Mailing Address PO Box 16128			$\begin{bmatrix} M & M \\ 0 & 5 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City Washington	State Zip Code DC 77222		Amount of Each Disbursement this Period
Purpose of Disbursement		U U	1000.00
Candidate Name Rep. Gene Green		Category/ Type	
Office Sought: X House Disburs Senate President State: TX District: 29	ement For: 2010 Primary X General Other (specify) <b>V</b>		
SUBTOTAL of Disbursements This Page (optional	)	►	3000.00
TOTAL This Period (last page this line number only	/)	►	36000.00
6AN026			FEC Schedule B ( Form 3X) (Revised 02

	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)       PAGE 25 / 25         21b       22       23       24       25       26         27       X       28a       28b       28c       29       30b	
			any person for the purpose of soliciting contributions committee to solicit contributions from such committee	-
Α.	Full Name (Last, First, Middle Initial) Debra L. Greenspan Mailing Address 7260 River Bend Rd		Transaction ID:       BB20533EE8E7F434A         Date of Disbursement       0 5 M / D 1 D / 2 0 1 0         0 5 M / D 1 D / 2 0 1 0       1 0 / 2 0 1 0	BA9
	City Nashville Purpose of Disbursement Mistakenly gave \$ to PAC twice. Requested refunc Candidate Name Office Sought: House Senate President State: District:		Category/ Type	_
В.	Full Name (Last, First, Middle Initial) Linda L. Shanta Mailing Address 524 Assinibion Dr City Bismarck Purpose of Disbursement	State Zip Code ND 58504	Transaction ID:       B8B8CF60C195E428E         Date of Disbursement         M 5 M       / D 0 5       / Y 2 0 1 0         Amount of Each Disbursement this Period         240.00	- 3A00
	membership check mistakenly sent to PAC and de Candidate Name Office Sought: House Disburse Senate President State: District:	·	Category/ Type	

FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2
TOTAL This Period (last page this line number only)		340.00
SUBTOTAL of Disbursements This Page (optional)	►	340.00