

**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

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

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

0 1

2 8

2 0 1 0

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 / 23

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	68149.75
(b) Cash on Hand at Beginning of Reporting Period	67269.55	
(c) Total Receipts (from Line 19)	23345.15	386536.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90614.70	454686.42
7. Total Disbursements (from Line 31)	38129.86	402201.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52484.84	52484.84
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)

3 / 23

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	6273.33	33842.92
(ii) Unitemized	17067.99	351939.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23341.32	385782.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23341.32	385782.11
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.)	3.83	754.56
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))	23345.15	386536.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23345.15	386536.67

DETAILED SUMMARY PAGE

of Disbursements

4 / 23

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.....	2504.86	30386.98	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2504.86	30386.98	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35625.00	370725.60	
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	0.00	380.00	
(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))	0.00	380.00	
29. Other Disbursements.....	0.00	709.00	
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))..	38129.86	402201.58	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38129.86	402201.58	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

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)	23341.32	385782.11
34. Total Contribution Refunds (from Line 28(d))	0.00	380.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23341.32	385402.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2504.86	30386.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2504.86	30386.98

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

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

FOR LINE NUMBER: PAGE 6 / 23

(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 L. Behrens

Mailing Address 5504 E. 22nd St

City

Casper

State

WY

Zip Code

82609-4618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr Hugh Depodo Md

Occupation

Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

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

Transaction ID: A9B7013928F024851B39

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Marilyn J. Shirk

Mailing Address 2216 4th St #2

City

Santa Monica

State

CA

Zip Code

90405-2363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedars-Sinai Medical Cent-
er

Occupation

Clinical Nurse Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: A8201AD24940044C9852

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Michael L. Johnston

Mailing Address 38109 Jim Owend Rd

City

Oak Grove

State

MO

Zip Code

64075-8142

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA Managed Care Services
of Oklahoma

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 Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: A3E1739E026FD4104BA1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

380.00

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 7 / 23

(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)

Marla J. Weston

Mailing Address 1301 M st NW #221

City

Washington

State

DC

Zip Code

20005-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Nurses Associati-
on

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: A48F7BBA2F8B445BA8C0

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Jean K. Marvin

Mailing Address 10287 Bancroft Rd

City

Garrettsville

State

OH

Zip Code

44231-9689

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Legal 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
1 2 / 0 4 / 2 0 0 9

Transaction ID: AFDD179F42FB1438989D

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Debra A. Hendren

Mailing Address 7441 Woodstock Cuba

City

Millington

State

TN

Zip Code

38053-6127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Healthcare

Occupation
Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AE8479EC0A8D44785B2B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 23

(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)

Margarete Lieb Zalon

Mailing Address 128 Savage Rd

City

Waymart

State

PA

Zip Code

18472-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of S Alabama

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 Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: A00022BF5163149C3954

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Rebecca M. Patton

Mailing Address 2382 Woodward St

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY HOSP

Occupation
Director of Patient Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: A147C2D4084F14E98930

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

PAUL MEADE

Mailing Address 653 Culpepper Dr

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State Nurses

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: AD1E512D5953F4305B91

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3150.00

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 9 / 23

(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)

RICHARD M GALKIN

Mailing Address 654 Boca Marina Ct

City

Boca Raton

State

FL

Zip Code

33487-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Healthcare Ser-
vices, IncOccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: AB498289C2CD24638837

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

C Armstrong

Mailing Address PO Box 354

City

Olalla

State

WA

Zip Code

98359-0354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tacoma GeneralOccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	9

Transaction ID: A69522BE50F124FB2B0F

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ms. Cynthia Reno Balkstra

Mailing Address 31 Highview Ln

City

Dahlonega

State

GA

Zip Code

30533-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Candler HospitalOccupation
Clinical Nurse Specilaist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Transaction ID: AE74D354403D44AF1B6B

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

725.00

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 / 23

(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)

Dr. Sara L Jarrett

Mailing Address 2751 S. Macon Circle

City

Aurora

State

CO

Zip Code

80014-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regis University

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: AC691CF4171B14151907

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Barbara Thoman Curtis

Mailing Address 1823 Ridgewood Ave # 212

City

Daytona Beach

State

FL

Zip Code

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: A2735B5F39C934D218ED

Amount of Each Receipt this Period

100.00

C.

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 ▼

500.02

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: ACD66FA761FB54FF1B71

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

433.33

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 11 / 23

(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)

Jean K. Marvin

Mailing Address 10287 Bancroft Rd

City

Garrettsville

State

OH

Zip Code

44231-9689

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Legal Nurse Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: A9722D8AB9A124844883

Amount of Each Receipt this Period

50.00

B.

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 ▼

350.00

Date of Receipt

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

Transaction ID: A34E7453E62D24182A2B

Amount of Each Receipt this Period

50.00

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 ▼

475.00

Date of Receipt

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

Transaction ID: A91087CC4FEE745DF9B8

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

225.00

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 / 23

(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)

Joellen B. Edwards

Mailing Address 1750 Sylvan Hill Rd

City

Elizabethton

State

TN

Zip Code

37643-3928

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Tennessee State Univ-
ersit

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 Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: A8AEA66A04ED7473B95E

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Karen L. Krause

Mailing Address 5127 Yermo Dr

City

Toledo

State

OH

Zip Code

43613

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 ▼

210.00

Date of Receipt

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

Transaction ID: A690C85CBC1FB423FBA8

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Joan S McGill

Mailing Address 208 Courtney Ln

City

Matthews

State

NC

Zip Code

28105-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Queens University of Char-
lotte

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: AC5A33890151B44B6889

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

360.00

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 / 23

(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)

Beatriz R. von Ohlen

Mailing Address 7426 Villa Pancho

City

Brownsville

State

TX

Zip Code

78521-6215

FEC ID number of contributing
federal political committee.

C

Name of Employer
The University of Texas

Occupation

Faculty, Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: ABEB7374EB34F4294A92

Amount of Each Receipt this Period

275.00

B.

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: A79B0E728EE084760820

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Douglas M Klement

Mailing Address PO Box 365
1116 Oak Valley Rd

City

Burleson

State

TX

Zip Code

76097-0365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Cardia Care

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 Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: A125F0E40EB0D429CA7F

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

6273.33

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 14 / 23

<input checked="" 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 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)

Bank of America Merchant Services

Mailing Address PO Box 2485

City
Spokane

State
WA

Zip Code
99210-2485

Purpose of Disbursement
credit card and online lockbox fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B3E1A6F45EEEC490DA0A

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

426.24

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B94ACFC74C39449FEA41

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

2078.62

SUBTOTAL of Disbursements This Page (optional)

2504.86

TOTAL This Period (last page this line number only)

2504.86

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) Mission PAC	Transaction ID: B12554B60B6604FC09DC Date of Disbursement
Mailing Address 38 Ivy St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 8 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1500.00</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) We the People PAC	Transaction ID: BD3C14B4B44AF4651996 Date of Disbursement
Mailing Address 38 Ivy St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: B4D10ECCB6E96482E884 Date of Disbursement
Mailing Address PO Box 2232	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 2 / 2 0 0 9</div> </div>
City Jenkinstown State PA Zip Code 19046	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Rep. Allyson Y. Schwartz	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	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

A. Full Name (Last, First, Middle Initial)
HOYER FOR CONGRESS COMMITTEE

Mailing Address 7095 Malcolm Rd Ste 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name
Rep. Steny H. HoyerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: B4C7CBBF295804E3F944

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Hall for Congress

Mailing Address 499 S Capitol St Sw Ste 404

City Washington State DC Zip Code 20003-4004

Purpose of Disbursement

Candidate Name
Rep. John J. HallCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: B72561E8670EE4AD2833

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
FEINGOLD FOR SENATE

Mailing Address PO Box 620062

City Middleton State WI Zip Code 53562

Purpose of Disbursement

Candidate Name
Sen. Russell D. FeingoldCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District:

Transaction ID: B6544D35A8B0043768C5

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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>A.</p> <p>Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address PO Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Christopher P. Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF2D3C475DAE4411EA3E</p> <p>Date of Disbursement <div> <div>12</div> <div>16</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 California Rd</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B63FB931A82994C4EB65</p> <p>Date of Disbursement <div> <div>12</div> <div>02</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 80F St NW Ste 804</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Tim Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B98BAA72C121D4BA3BB2</p> <p>Date of Disbursement <div> <div>12</div> <div>16</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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>A.</p> <p>Full Name (Last, First, Middle Initial) Marcia Fudge for Congress</p> <p>Mailing Address 3729 Silsby Rd</p> <p>City University Heights State OH Zip Code 44118</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Marcia Fudge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 11</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4A218FFA3959440E862</p> <p>Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER</p> <p>Mailing Address 420 C St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE8046DC80C2349D7B95</p> <p>Date of Disbursement 12 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Gerry Connolly for Congress</p> <p>Mailing Address PO Box 563</p> <p>City Merrifield State VA Zip Code 22116</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Gerry Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE2EF38AB9D5C416C978</p> <p>Date of Disbursement 12 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

5000.00

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)

PAGE 19 / 23

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Perlmutter For Congress

Mailing Address 3440 Youngsfield St #264

City State Zip Code
Wheat Ridge CO 80033

Purpose of Disbursement

Candidate Name
Rep. Ed PerlmutterCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: BB1CB1B1A89CB4D1DA07

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address PO BOx 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement

Candidate Name
Rep. Lois CappsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: BC087D5EBC37240778FD

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John Salazar For Congress

Mailing Address PO Box 534

City State Zip Code
Pueblo CO 81002

Purpose of Disbursement

Candidate Name
Rep. John T. SalazarCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 03

Transaction ID: BA44EBCCC4A7C4136BD4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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) Perriello for Congress	Transaction ID: B201A832F0EB14E7D95C Date of Disbursement
Mailing Address 401 9th St NW Ste 725	<div> <div>12</div> <div>09</div> <div>2009</div> </div>
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
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: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kilroy for Congress	Transaction ID: B5D627030A9E14D198B7 Date of Disbursement
Mailing Address PO Box 2582 Ste 305	<div> <div>12</div> <div>16</div> <div>2009</div> </div>
City Columbus State OH Zip Code 43216	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Mary Jo Kilroy	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Russ Carnahan For Congress Com	Transaction ID: B33FB0688B2234CB19DA Date of Disbursement
Mailing Address 7370 Manchester Rd Ste 20	<div> <div>12</div> <div>02</div> <div>2009</div> </div>
City St Louis State MO Zip Code 63143	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Russ Carnahan	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO 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 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)

Martin Heinrich for Congress

Mailing Address 499 S Capitol St SW Ste 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Rep. Martin Heinrich

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Transaction ID: B4F89FC79E08B4696B4A

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Citizens for Harkin

Mailing Address PO Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BE023674340E744FD945

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 Linden Rd

City Mineola State NY Zip Code 11501

Purpose of Disbursement

Candidate Name
Rep. Carolyn McCarthy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 04

Transaction ID: B0C39541620C046CCB01

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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)
Committee to reelect Nydia Velazquez

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

Candidate Name
Rep. Nydia M. Velazquez

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 12

Transaction ID: BCFED771820A547E2B7D

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Driehaus for Congress

Mailing Address 1018 Benz Ave

City Cincinnati State OH Zip Code 45238

Purpose of Disbursement

Candidate Name
Rep. Steven L. Driehaus

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: B4C2CAFDC7D9C4C0BAC8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingham State NY Zip Code 11738

Purpose of Disbursement

Candidate Name
Rep. Timothy H. Bishop

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 01

Transaction ID: BEA0ACE02FD8F4EF79AD

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

2125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Arcuri for Congress

Mailing Address PO Box 508

City
Utica

State
NY

Zip Code
13505

Purpose of Disbursement

Candidate Name
Rep. Michael A. Arcuri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 24

Transaction ID: B89A13CE6BCA542CCB6A

Date of Disbursement

12 / 17 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Charlie Wilson

Mailing Address 600 Pennsylvannia Ave SE
Ste 200

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name
Rep. Charlie Wilson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: B206ECECC479C40AB98A

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

35625.00