

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Nurses Association PAC

ADDRESS (number and street) 8515 Georgia Avenue Suite 400 Silver Spring MD 20910 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00017525

3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

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 Dr. THOMAS Ray COE

Signature of Treasurer Dr. THOMAS Ray COE [Electronically Filed] Date 01 / 30 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		108105.83
(b) Cash on Hand at Beginning of Reporting Period.....	37954.11	
(c) Total Receipts (from Line 19) .....	16627.89	388364.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54582.00	496470.16
7. Total Disbursements (from Line 31).....	10696.07	452584.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43885.93	43885.93
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Nurses Association PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2221.16	76860.69
(ii) Unitemized .....	14406.73	311503.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16627.89	388364.33
(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) .....	16627.89	388364.33
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.).....	0.00	0.00
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 Transfers (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))..... ▶	16627.89	388364.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16627.89	388364.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	671.07	671.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	671.07	671.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	433000.00
24. Independent Expenditures (use Schedule E) .....	0.00	17819.00
25. Coordinated Party Expenditures (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 .....	25.00	1094.16
(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)).....	25.00	1094.16
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	10696.07	452584.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10696.07	452584.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	16627.89	388364.33
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	1094.16
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16602.89	387270.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	671.07	671.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	671.07	671.07

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)  
**A. Dr. Gino Chisari**

Mailing Address 350 Revere Beach #9-80

City State Zip Code  
Revere MA 02151-4546

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

Name of Employer Occupation  
Mass General Hospital Chief Nursing Officer or Administrator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : AF6EC7C75755D4AB899A**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. SYLVIA WEBER**

Mailing Address 84 Shaw Ave

City State Zip Code  
Cranston RI 02905-3823

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

Name of Employer Occupation  
The Miriam Hosp Clinical Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
457.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : A7711AA53BCF44F48A24**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Marla J. WESTON**

Mailing Address 1126 25th St NW  
Apt 4

City State Zip Code  
Washington DC 20037-1464

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

Name of Employer Occupation  
American Nurses Association Chief Executive Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012

**Transaction ID : A7182334C986F4A6C9CE**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1045.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

**A. Karen N. Drenkard**  
Full Name (Last, First, Middle Initial)

Mailing Address 3114 Wynford Drf

City State Zip Code  
Fairfax VA 22031

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

Name of Employer Occupation  
American Nurses Assn Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
12 / 06 / 2012  
**Transaction ID : A58ABDBA50F0F4477BB0**

Amount of Each Receipt this Period  
75.00

**B. Ms. Marylee Pakieser**  
Full Name (Last, First, Middle Initial)

Mailing Address 1230 Randall Ct

City State Zip Code  
Traverse City MI 49686-2859

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

Name of Employer Occupation  
VHA Nurse Practitioner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
958.34

Date of Receipt  
12 / 09 / 2012  
**Transaction ID : A9D9BE13443054C00A21**

Amount of Each Receipt this Period  
41.66

**C. Ms. Carrie Houser-James**  
Full Name (Last, First, Middle Initial)

Mailing Address 462 Meadowlark Dr

City State Zip Code  
Orangeburg SC 29118-2104

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

Name of Employer Occupation  
Retired Assistant Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : A5ADE61183E88448C814**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

**A. Edward T. Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 22nd Ave SE  
 City Saint Petersburg State FL Zip Code 33705-3301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Anthony's Hospital Occupation RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : AF786BB1624BF4155A53**  
 Amount of Each Receipt this Period  
 29.16

**B. PAMELA A. COLLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 829 Split Rock Trail  
 Falling Water Heights  
 City Hixson State TN Zip Code 37343-1977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Memorial Health & University Med Cente Occupation Clinical IT Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : AB3C6A0A8C8924FA2871**  
 Amount of Each Receipt this Period  
 100.00

**c. Dr. Sara L Jarrett**  
 Full Name (Last, First, Middle Initial)  
 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 Y  
 12 / 14 / 2012  
**Transaction ID : A6BC80C3F7B064337B77**  
 Amount of Each Receipt this Period  
 142.85

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	272.01
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mrs. Jennifer Davis**

Mailing Address 6220 Braymoore Dr

City Galena State OH Zip Code 43021

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

Name of Employer Cleveland Clinic Occupation Staff Nurse

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : A1C6CEAAEBAC04896AEI**

Amount of Each Receipt this Period  
**29.16**

Full Name (Last, First, Middle Initial)  
**B. Ms. Kathleen Phillips**

Mailing Address 37 Parkside Dr

City Warwick State RI Zip Code 02888-3725

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

Name of Employer Kathleen Phillips Occupation Nurse Practitioner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2012

**Transaction ID : A75635711FBBF4BD19CF**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**C. Jean A. Ansley**

Mailing Address 849 Kingswood Dr

City Lima State OH Zip Code 45804-3343

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

Name of Employer LIMA MEMORIAL HEALTH CENT Occupation Staff Nurse

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **492.47**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2012

**Transaction ID : A08C55F097FA84D03B86**

Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **54.16**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

**A. Mr. Aaron Pack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4810 Cedar Springs Rd Apt 2213

City Dallas	State TX	Zip Code 75219-1273
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Texas Southwestern	Occupation RN
--	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	18	/	2012

**Transaction ID : A5A0AF8F89BEA49F687A**

Amount of Each Receipt this Period  

50.00
-------

**B. Margaret Liston**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 566

City Ogden	State IA	Zip Code 50212-0566
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mary Greeley	Occupation RN
----------------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	21	/	2012

**Transaction ID : AE0334D1406FE4297864**

Amount of Each Receipt this Period  

100.00
--------

**C. MARY J. SLETTEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1007 Cedardale Dr

City Las Cruces	State NM	Zip Code 88005-1247
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dona Ana Community College	Occupation Adminstrator
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	22	/	2012

**Transaction ID : A59E5796AB41B4B4CA75**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Ms. Connie F. MITCHELL</b>		Date of Receipt 12 / 23 / 2012 <b>Transaction ID : A4F8F4DFED6374FF68AB</b>
Mailing Address 23405 Wahupa Ln		Amount of Each Receipt this Period 25.00
City Huson	State MT	Zip Code 59846-9651
FEC ID number of contributing federal political committee. C		
Name of Employer COMMUNITY MEDICAL CENTER	Occupation Staff Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. MARY CISCO</b>		Date of Receipt 12 / 23 / 2012 <b>Transaction ID : AB3AB1561A70E457CA82</b>
Mailing Address PO Box 17445		Amount of Each Receipt this Period 20.83
City Indianapolis	State IN	Zip Code 46217-0445
FEC ID number of contributing federal political committee. C		
Name of Employer Indiana University	Occupation Staff Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 787.51	

Full Name (Last, First, Middle Initial) <b>C. SYLVIA WEBER</b>		Date of Receipt 12 / 24 / 2012 <b>Transaction ID : A1CE6EB3356604DCF9B8</b>
Mailing Address 84 Shaw Ave		Amount of Each Receipt this Period 62.50
City Cranston	State RI	Zip Code 02905-3823
FEC ID number of contributing federal political committee. C		
Name of Employer The Miriam Hosp	Occupation Clinical Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

**A. Dr. Ann Kurth**  
Full Name (Last, First, Middle Initial)

Mailing Address 525 E. 11th St  
Apt 3a

City New York State NY Zip Code 10009

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 24 / 2012  
Transaction ID : **A6F94B0CB8D5540BB969**

Amount of Each Receipt this Period  
250.00

**B. Faith M. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 476 N. Douglas St

City Powell State WY Zip Code 82435-1812

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

Name of Employer Consultant Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
12 / 25 / 2012  
Transaction ID : **A8DA50C6AEA564F4E9D4**

Amount of Each Receipt this Period  
50.00

**C. DONNA L. POOLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 816 Madison Ave N.

City Bainbridge Island State WA Zip Code 98110-1769

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

Name of Employer Group Health Occupation LIAISON NURSE SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 25 / 2012  
Transaction ID : **A7DD4FBC039A94208B17**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 16  
(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. BRIGITTE FAILNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10633 Kinnard Ave #4  
 City Los Angeles State CA Zip Code 90024-5923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cedar-Sinai Medical Center Occupation Manager & Ortho CNS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : A2D65DCF858834AC8B03**  
 Amount of Each Receipt this Period  
 25.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2221.16

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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**

Full Name (Last, First, Middle Initial)

### A. Bank of America Merchant Services

Mailing Address PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
card card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2012			

Transaction ID : B530C267C62794805A3C

Amount of Each Disbursement this Period

6	7	1	.	0	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

6	7	1	.	0	7
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6	7	1	.	0	7
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN CONGRESSIONAL Committee**

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2012

Transaction ID : BE2E2EE4F94814193A01

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Republican National Committee**

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2012

Transaction ID : B23A21BE5B4BA49A6958

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

10000.00

10000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. BETTYE D LEWIS**

Mailing Address 5320 Jackson St

City Houston State TX Zip Code 77004-5927

Purpose of Disbursement  
member refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

Transaction ID : B169782E3CB834BF7967

Amount of Each Disbursement this Period

25.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

25.00
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25.00
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