

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.
American Nurses Association PAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

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 Year-End 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 (12S)
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 / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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="2014"/>		78783.95
(b) Cash on Hand at Beginning of Reporting Period.....	104270.57	
(c) Total Receipts (from Line 19)	40571.53	120247.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	144842.10	199031.26
7. Total Disbursements (from Line 31).....	3500.00	57689.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	141342.10	141342.10
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

Write or Type Committee Name

American Nurses Association PAC

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

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).....	9670.82	26209.15
(ii) Unitemized	30900.71	94038.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40571.53	120247.31
(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)	40571.53	120247.31
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))..... ▶	40571.53	120247.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40571.53	120247.31

DETAILED SUMMARY PAGE

of Disbursements

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	57250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	0.00	25.00
(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	25.00
29. Other Disbursements	0.00	414.16
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)) ..	3500.00	57689.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	57689.16

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)	40571.53	120247.31
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40571.53	120222.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

**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 6 OF 19
	<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	

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

A. Paula K. Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 144 W Ticonderoga Dr
Apt H

City Westerville State OH Zip Code 43081-1384

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

Name of Employer Ohio State Univ Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
04 / 09 / 2014
Transaction ID : **A7105419EBC7748098A**

Amount of Each Receipt this Period
350.00

B. Cynthia Reno Balkstra
Full Name (Last, First, Middle Initial)

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 Hospital Occupation CASE MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 16 / 2014
Transaction ID : **AB8AF86F7F6324A6FB77**

Amount of Each Receipt this Period
350.00

c. Ms. Karen A A. Ballard
Full Name (Last, First, Middle Initial)

Mailing Address 22 W 77th St
Apt 36

City New York State NY Zip Code 10024-5155

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

Name of Employer New York State Nurses Assoc. Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt
04 / 09 / 2014
Transaction ID : **A87C33EB8F07B4669B1A**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 19
	<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. Elissa E. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 15651 Dickens St
Apt 115

City Encino State CA Zip Code 91436-3101

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

Name of Employer Veterans Affairs Nursing Center of Sep
Occupation Clinical Nurse Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
04 / 30 / 2014
Transaction ID : **A1592E48754BF488783D**

Amount of Each Receipt this Period
350.00

B. Dr. Sue B. Davidson
Full Name (Last, First, Middle Initial)

Mailing Address 18765 SW Boones Ferry Rd

City Tualatin State OR Zip Code 97062-8496

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

Name of Employer Oregon Nurses Assc
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 07 / 2014
Transaction ID : **A481D0BE480884A23875**

Amount of Each Receipt this Period
500.00

C. Mrs. Robin Depree
Full Name (Last, First, Middle Initial)

Mailing Address 18 Indian Cove Rd

City Marion State MA Zip Code 02738-2112

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

Name of Employer UNIVERSITY OF MASSACHUSET
Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
04 / 02 / 2014
Transaction ID : **AA23FC4681D0F463DAAD**

Amount of Each Receipt this Period
240.00

SUBTOTAL of Receipts This Page (optional).....▶	1090.00
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 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 DEVEREUX
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 135

City North Bend State OR Zip Code 97459-0010

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

Name of Employer Bay Area Hospital Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : A0FDB610B48154CFA8EA

Amount of Each Receipt this Period
 500.00

B. JOELLEN B. EDWARDS
Full Name (Last, First, Middle Initial)

Mailing Address 200 W. F St Apt 14

City Elizabethton State TN Zip Code 37643-3154

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

Name of Employer East Tennessee State Universit Occupation Educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2014

Transaction ID : A54393C2451B541ECA2A

Amount of Each Receipt this Period
 250.00

C. Dr. Bonnie L. Faherty
Full Name (Last, First, Middle Initial)

Mailing Address 18175 Andrea Cir N. Unit 4

City Northridge State CA Zip Code 91325-1158

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

Name of Employer Retired Occupation Professor Emerita

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : A4D69BEDF0C3C4571AF5

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. SUZANNE L. FEETHAM
Full Name (Last, First, Middle Initial)

Mailing Address 7701 Glennon Dr

City Bethesda State MD Zip Code 20817-2034

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

Name of Employer Health Resources & Services Admin. Occupation Professor Senior Fellow

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : A5FB1D803DD2D40438E9

Amount of Each Receipt this Period
250.00

B. Marie Garwood
Full Name (Last, First, Middle Initial)

Mailing Address N2921 County Road K

City Darien State WI Zip Code 53114-1424

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

Name of Employer Wi Bureau Quality Assurance Occupation 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 Y Y
04 / 03 / 2014

Transaction ID : A60F1E6159BDB4B198EC

Amount of Each Receipt this Period
250.00

C. Dr. Andrea C. Gregg
Full Name (Last, First, Middle Initial)

Mailing Address 3726 Sea Hawk St E

City Jacksonville State FL Zip Code 32224-5276

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

Name of Employer University of Florida College of Nursi Occupation Associate Professor & Director Jackson

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : AA791EC2BAD74F3390D

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 OF 19
(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

Full Name (Last, First, Middle Initial)
A. Linda M. Gural

Mailing Address 93 Dickinson Ave

City Toms River State NJ Zip Code 08753-6773

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

Name of Employer COMM MED CTR Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 08 / 2014

Transaction ID : A0C008CDB24B547BEAE6

Amount of Each Receipt this Period
54.16

Full Name (Last, First, Middle Initial)
B. Linda M. Gural

Mailing Address 93 Dickinson Ave

City Toms River State NJ Zip Code 08753-6773

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

Name of Employer COMM MED CTR Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **566.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : AE13C6F29CF804C37B43

Amount of Each Receipt this Period
350.00

Full Name (Last, First, Middle Initial)
c. Gingy Harshey-Meade

Mailing Address 8423 Piney Orch

City Blacklick State OH Zip Code 43004-8047

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

Name of Employer OHIO NURSES ASSOC Occupation Ohio Nurses Association

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : A5011747A6B2740A2810

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **904.16**

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 11 OF 19
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : A852C44214C4D4F8E8FD

Amount of Each Receipt this Period
 250.00

B. Dr. Colleen Leners
Full Name (Last, First, Middle Initial)

Mailing Address 3738 Via Del Conquistador

City San Diego State CA Zip Code 92117-5741

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

Name of Employer Dept of the Navy Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : A5656989ED1BB4660BC4

Amount of Each Receipt this Period
 250.00

C. ROSE Martin
Full Name (Last, First, Middle Initial)

Mailing Address 221 N. Front St Apt 506

City Columbus State OH Zip Code 43215-2295

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

Name of Employer Ohio State Univ Occupation Staff Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : A00E77147EA5741588E1

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 19
(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. 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 UNIV Occupation Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : A6D5A3CACBAF54F51884

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Patricia Messmer

Mailing Address 4300 Jackson St

City Hollywood State FL Zip Code 33021-7218

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

Name of Employer MIAMI DADE COLLEGE Occupation Nurse Researcher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : A728AD1D4926D40FABE1

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
C. Shirley M. Morrison

Mailing Address 1634 Aspen Grove Dr

City Houston State TX Zip Code 77077-4004

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

Name of Employer Md Anderson Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : A471E95348C1A4BDB969

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 983.33

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: (check only one)	PAGE 13 OF 19
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Jan C. Polizzi
Full Name (Last, First, Middle Initial)

Mailing Address 5953 Shortleaf Ct

City Saint Louis State MO Zip Code 63128-4306

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.67

Date of Receipt
04 / 09 / 2014
Transaction ID : AE1DD9F340F6449668A5

Amount of Each Receipt this Period
83.33

B. JULIA W. POWELL
Full Name (Last, First, Middle Initial)

Mailing Address 3712 Lascassas Pike

City Murfreesboro State TN Zip Code 37130-6856

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

Name of Employer NATIONAL HEALTHCARE Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 17 / 2014
Transaction ID : A795C0D61DF3D4059884

Amount of Each Receipt this Period
250.00

c. Dr. Maureen E. Shekleton
Full Name (Last, First, Middle Initial)

Mailing Address 805 Edgewood Dr

City Glen Ellyn State IL Zip Code 60137-4214

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

Name of Employer Aana Occupation Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 21 / 2014
Transaction ID : AF1B99955847A402F893

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.33
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 14 OF 19
(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. Susan A. Shively

Mailing Address 125A Kingswood Dr

City State Zip Code
Campbellsville KY 42718-9634

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

Name of Employer Occupation
Central KY Surgical Services RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2014
Transaction ID : A34821833DA1C41E19CB

Amount of Each Receipt this Period
250.00

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 ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2014
Transaction ID : A7927D82CFFFA4020B3C

Amount of Each Receipt this Period
60.00

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2014
Transaction ID : A4DB8A1BF0BA74B15837

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1310.00

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 15 OF 19
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Mary Jane WILLIAMS
Full Name (Last, First, Middle Initial)

Mailing Address 108 Dayton Dr

City Southington State CT Zip Code 06489-2261

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

Name of Employer Central Connecticut State Univ Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : A11F56E8CA97441CC87B

Amount of Each Receipt this Period
 250.00

B. Diane L. Winfrey
Full Name (Last, First, Middle Initial)

Mailing Address 3710 Latimore Rd

City Shaker Heights State OH Zip Code 44122-5025

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

Name of Employer VETERANS HEALTH Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : A9690E4B4D66544EDBB3

Amount of Each Receipt this Period
 350.00

C. Ms. Susan M Wozniak
Full Name (Last, First, Middle Initial)

Mailing Address 1171 Asher Ct

City Walled Lake State MI Zip Code 48390-2515

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

Name of Employer InfuSystem, Inc. Occupation Director Clinical Research and Educati

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014

Transaction ID : A9EBC7A37FE6D4620854

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	9670.82

**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. Braley For Congress

Mailing Address 300 Walnut Ste 5

City Des Moines State IA Zip Code 50309-2233

Purpose of Disbursement

Candidate Name
Rep. Bruce L. Braley

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2014

Transaction ID : BA1543771C24E40FCAF1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ENYART FOR CONGRESS

Mailing Address PO BOX 308

City Belleville State IL Zip Code 62222-0309

Purpose of Disbursement
void check #1586. Was lost in the mail and did not get to campaign.

Candidate Name
Rep. Bill L. Enyart Jr.

Office Sought: House
 Senate
 President
State: IL District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : B353A187A3CDC4F34A30

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. ENYART FOR CONGRESS

Mailing Address PO BOX 308

City Belleville State IL Zip Code 62222-0309

Purpose of Disbursement

Candidate Name
Rep. Bill L. Enyart Jr.

Office Sought: House
 Senate
 President
State: IL District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : B9FA1B6C84F894101A10

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

**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 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. KEEP NICK RAHALL IN CONGRESS

Mailing Address PO Box 64

City Beckley State WV Zip Code 25802-0064

Purpose of Disbursement
void check #1618. Was lost and did not get to campaign

Candidate Name
Rep. Nick J. Rahall II

Office Sought: House Senate President
State: WV District: 03
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : B949FBFB80AF643CE964

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KEEP NICK RAHALL IN CONGRESS

Mailing Address PO Box 64

City Beckley State WV Zip Code 25802-0064

Purpose of Disbursement

Candidate Name
Rep. Nick J. Rahall II

Office Sought: House Senate President
State: WV District: 03
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2014

Transaction ID : B1275FFC57C094436901

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. McNerney for Congress

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement

Candidate Name
Rep. Jerry McNerney

Office Sought: House Senate President
State: CA District: 09
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : B2575BA88AFF549D38CE

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

**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 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. MIKULSKI FOR SENATE

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203-3147

Purpose of Disbursement
originally reported disbursment 4/17/2013

Candidate Name
Sen. Barbara A. Mikulski

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MD District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **B5B4F8FE4278D42B282F**

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

originally reported disbursment 4/17/2013

Full Name (Last, First, Middle Initial)

B. MIKULSKI FOR SENATE

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203-3147

Purpose of Disbursement
redesignation of disbursement reported on 4/17/2013

Candidate Name
Sen. Barbara A. Mikulski

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MD District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : **BA6C6CF5C434842BE80A**

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

redesignation of disbursement reported on 4/17/2013

Full Name (Last, First, Middle Initial)

C. Paul Tonko for Congress

Mailing Address POBox 221

City Albany State NY Zip Code 12201-0221

Purpose of Disbursement
void check #1589. Was lost and did not get to campaign

Candidate Name
Rep. Paul D. Tonko

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 20

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : **B052BE65C31AC428F88C**

Amount of Each Disbursement this Period

-1000.00

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

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

-1000.00

**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 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. Paul Tonko for Congress

Mailing Address POBox 221

City Albany State NY Zip Code 12201-0221

Purpose of Disbursement

Candidate Name
Rep. Paul D. Tonko

Office Sought: House Senate President
State: NY District: 20
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B24A78377DCDB4DBFA21

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. RICHARD E NEAL for CONGRESS COMMITTEE

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108-2533

Purpose of Disbursement
void check #1620. Was lost and did not get to campaign.

Candidate Name
Rep. Richard E. Neal

Office Sought: House Senate President
State: MA District: 01
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : B1FC68DA6282347559D9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL for CONGRESS COMMITTEE

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108-2533

Purpose of Disbursement

Candidate Name
Rep. Richard E. Neal

Office Sought: House Senate President
State: MA District: 01
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B12E4D0951AB247ADBC3

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

1	0	0	0	0	0	0	0	0	0

3	5	0	0	0	0	0	0	0	0