

# 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

Check if different than previously reported. (ACC) Suite 400

Silver Spring MD 20910

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 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 M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2012 through M M M / D D D / Y Y Y Y Y Y 08 / 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 M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2012

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.....	97314.46	
(c) Total Receipts (from Line 19) .....	24645.36	293248.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	121959.82	401353.98
7. Total Disbursements (from Line 31).....	24505.00	303899.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	97454.82	97454.82
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:  /  /

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).....	4661.16	61878.11
(ii) Unitemized .....	19984.20	231370.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24645.36	293248.15
(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) .....	24645.36	293248.15
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))..... ▶	24645.36	293248.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24645.36	293248.15

**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.....	24500.00	303000.00
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 .....	5.00	899.16
(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)).....	5.00	899.16
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)) ..	24505.00	303899.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24505.00	303899.16

**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) .....	24645.36	293248.15
34. Total Contribution Refunds (from Line 28(d)) .....	5.00	899.16
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24640.36	292348.99
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: PAGE 6 OF 23  
(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. Deborah S Vendittelli**

Mailing Address 22155 Antler Dr

City State Zip Code  
Novi MI 48375-4800

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

Name of Employer Occupation  
Schoolcraft College Asst Dean of Nursing

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 02 / 2012  
**Transaction ID : AC498D905AB324D858CF**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**B. PAMELA A. MINARIK**

Mailing Address 4955 Palmetto Ave

City State Zip Code  
Pacifica CA 94044-1059

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

Name of Employer Occupation  
Merritt University Clinical Specialist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 03 / 2012  
**Transaction ID : A0E8B281E97314A90BC0**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 849 Kingswood Dr

City State Zip Code  
Lima OH 45804-3343

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

Name of Employer Occupation  
LIMA MEMORIAL HEALTH CENT Staff Nurse

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
396.64

Date of Receipt  
08 / 03 / 2012  
**Transaction ID : AC341F05E028B4391914**

Amount of Each Receipt this Period  
20.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.83

**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 23
	<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. Ms. Militza J. Weflen**  
Full Name (Last, First, Middle Initial)

Mailing Address RR 2 Box 301-A4

City Sallisaw State OK Zip Code 74955-8826

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

Name of Employer Sequoyah Memorial Occupation 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  
 08 / 08 / 2012

**Transaction ID : A5EFD585963494D82B27**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1230 Randall Ct

City Traverse City State MI Zip Code 49686-2859

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

Name of Employer VHA Occupation Nurse Practitioner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 791.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2012

**Transaction ID : ACA45FD9E5EB74DFD9A7**

Amount of Each Receipt this Period  
 41.66

**C. JUDITH HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 656 Touchmark Ct

City Edmond State OK Zip Code 73003-2193

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

Name of Employer Ou Health Sciences Center Occupation 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  
 08 / 09 / 2012

**Transaction ID : AE605D89730A1404ABD2**

Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.66
<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 23
	<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 Bliesmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 2010 Roe Crest Dr

City North Mankato State MN Zip Code 56003-3431

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

Name of Employer MINNESOTA STATE UNIVERSITY Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 11 / 2012  
**Transaction ID : AC625237C57564EE5B04**

Amount of Each Receipt this Period 90.00

**B. Robert D. Elliott**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 North F St

City Lake Worth State FL Zip Code 33460-3336

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

Name of Employer Information Requested Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2012  
**Transaction ID : A9E71445C4C4A4F1D874**

Amount of Each Receipt this Period 25.00

**C. PEGGY S. MATTESON**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 North Water St

City Portsmouth State RI Zip Code 02871-6011

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

Name of Employer SALVE REGINA UNIVERSITY Occupation Faith Community Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2012  
**Transaction ID : A182BBB5A9E7948579CC**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00

**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 23
	(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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Connie Rae Barker</b>		Date of Receipt
Mailing Address 15515 Wood Sorrel		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Antonio	TX	78247-5504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A454E95EE8F674574898</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
El Paso Nurses Unlimited	Family Nurse Practitioner	<input type="text" value="41.66"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="333.28"/>	

Full Name (Last, First, Middle Initial) <b>B. SHIRLEY M. Morrison</b>		Date of Receipt
Mailing Address 1634 Aspen Grove		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77077-4004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A1290C8A00F0F440B99B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Md Anderson	RN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Annette Fonteneau</b>		Date of Receipt
Mailing Address PO Box 7702		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cumberland	RI	02864-0807
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A5145B5E6D0294A138BD</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Skin Medicine & Surgery Ctr	RN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="591.66"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 23
	(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**

Full Name (Last, First, Middle Initial) <b>A. Ms. KAREN A. BALLARD</b>		Date of Receipt 08 / 14 / 2012 <b>Transaction ID : A0FC75B4D566C4207AB9</b>
Mailing Address 22 W. 77th St #36		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Rose Iris Gonzalez</b>		Date of Receipt 08 / 14 / 2012 <b>Transaction ID : ABA7330D729154823B52</b>
Mailing Address 3318 Cullers Ct		Amount of Each Receipt this Period 100.00
City Woodbridge	State VA	Zip Code 22192-1085
FEC ID number of contributing federal political committee. C		
Name of Employer ANA	Occupation Director Gov't Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Donna M. PolICASTRO</b>		Date of Receipt 08 / 14 / 2012 <b>Transaction ID : A30D5E9E762604F5DBD5</b>
Mailing Address 293 Whitford Ave		Amount of Each Receipt this Period 108.33
City Providence	State RI	Zip Code 02908-3354
FEC ID number of contributing federal political committee. C		
Name of Employer Rhode Island Association of Nurses	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.01	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	308.33
<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 11 OF 23
	<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. 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 ▼ 428.60

Date of Receipt 08 / 14 / 2012  
Transaction ID : **AD5D1BF6997CB4EA1B92**

Amount of Each Receipt this Period 142.85

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

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 ▼ 265.00

Date of Receipt 08 / 15 / 2012  
Transaction ID : **A3E4B333A3B994A75B5F**

Amount of Each Receipt this Period 10.00

**C. Mr. LEO A. LE BEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 Rolling Brook Ln

City Shelton State CT Zip Code 06484-5779

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

Name of Employer Wyzze Solutions LLC Occupation Staff Nurse Anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 16 / 2012  
Transaction ID : **AA4781C4337004FCCA0B**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 252.85

**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 12 OF 23
	<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. Melissa M. Goldberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 29621 K St

City Ocean Park State WA Zip Code 98640-4817

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

Name of Employer UNEMPLOYED Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : A79BECF6E60794132A8F**

Amount of Each Receipt this Period  
**20.00**

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

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 ▼ **411.64**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 16 / 2012

**Transaction ID : A6CB549CBCC554B79829**

Amount of Each Receipt this Period  
**15.00**

**C. GUS F. FRICKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9727 Bayview Ave

City Jacksonville State FL Zip Code 32208-1545

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

Name of Employer Mental Health Care, Inc. Occupation Registered Nurse

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  
 08 / 16 / 2012

**Transaction ID : AD7567D6AB4ED44D3939**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>285.00</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 13 OF 23
	<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. Barbara A. Blakeney**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Andrea Rd

City Waltham State MA Zip Code 02453-2801

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

Name of Employer MASSACHUSETTS GENERAL HOS Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : A5479764C5D0E4F9193C**

Amount of Each Receipt this Period 250.00

**B. Angela Martindale**  
Full Name (Last, First, Middle Initial)

Mailing Address 4110 S. Robb Ave

City Muskogee State OK Zip Code 74401-2309

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

Name of Employer Jack C Montgomery Vamc Occupation Staff Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : A9C39F349FD1147619FC**

Amount of Each Receipt this Period 250.00

**C. LINDA M. GURAL**  
Full Name (Last, First, Middle Initial)

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 ▼ 550.00

Date of Receipt 08 / 21 / 2012  
**Transaction ID : A46B0316B24844720A68**

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
	<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**

**A. MARY CISCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 17445  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 704.19

Date of Receipt 08 / 23 / 2012  
**Transaction ID : A7D5A79D7B08646C7AF3**  
 Amount of Each Receipt this Period 20.83

**B. SUSAN L. W. KRUPNICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Richardson Corner Rd  
 City Charlton State MA Zip Code 01507-1431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MERCY MEDICAL CENTER Occupation RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 24 / 2012  
**Transaction ID : A7254349C553A43A892A**  
 Amount of Each Receipt this Period 250.00

**C. JOANNE L. THANAVARO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 973 Delvin Dr  
 City Saint Louis State MO Zip Code 63141-8800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Louis University Occupation ASSOCIATE PRO OF NURSING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 24 / 2012  
**Transaction ID : A07D8CE7A8ABF49B3AEA**  
 Amount of Each Receipt this Period 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	620.83
<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 15 OF 23
	<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. 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 Coop Occupation LIAISON NURSE SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 25 / 2012  
Transaction ID : **A483850DEE7184010BDB**

Amount of Each Receipt this Period 50.00

**B. Dr. JANE V. CORBETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Brentwood Ave

City San Francisco State CA Zip Code 94127-2238

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

Name of Employer University of San Francisco Occupation Professor of Nursing Emerita

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2012  
Transaction ID : **A5C60EDE875C8496EA21**

Amount of Each Receipt this Period 250.00

**C. Dr. Diane Holditch-Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Spring Garden Dr

City Durham State NC Zip Code 27713-7533

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

Name of Employer UNIVERSITY OF NORTH CAROLINA Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2012  
Transaction ID : **A11C9DA48E70D470884D**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 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)  
**IRMATRUDE GRANT MS RN**

Mailing Address 280 E. 45th St

City State Zip Code  
Brooklyn NY 11203-2113

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

Name of Employer Occupation  
East New York Coordinator Pediatric

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2012

**Transaction ID : A7DB8B5E8738E4D88A0F**

Amount of Each Receipt this Period  
375.00

**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).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4661.16



**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 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. Citizens For Rush**

Mailing Address PO Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
Void #1318. check was lost in the mail

Candidate Name  
**Rep. Bobby L. Rush**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IL District: 01

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2012

Transaction ID : **B800C5F0F21F14547A29**

Amount of Each Disbursement this Period

Amount: -1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JULIAN SCHREIBMAN**

Mailing Address PO BOX 3151

City KINGSTON State NY Zip Code 12402

Purpose of Disbursement

Candidate Name  
**Julian D Schreibman**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NY District: 19

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

Transaction ID : **B1AA213CF23A1498587F**

Amount of Each Disbursement this Period

Amount: 2500.00

Full Name (Last, First, Middle Initial)

**C. LOUISE SLAUGHTER RE ELECTION Committee**

Mailing Address PO Box 366

City Fairport State NY Zip Code 14450

Purpose of Disbursement

Candidate Name  
**Rep. Louise M. Slaughter**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NY District: 28

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2012

Transaction ID : **B9F8BBB6E19E64F05BB9**

Amount of Each Disbursement this Period

Amount: 2500.00

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

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

Amount: 4000.00

Amount: 0.00

**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. CHRISTIE VILSACK FOR IOWA**

Mailing Address PO BOX 641

City State Zip Code  
AMES IA 50010

Purpose of Disbursement

Candidate Name

**Christie Vilsack**

Office Sought:  House  
 Senate  
 President

State: IA District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2012

Transaction ID : BDC9854C3C0BC4B0FBFD

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. WALL FOR CONGRESS**

Mailing Address P.O. BOX 1145

City State Zip Code  
GREEN BAY WI 54305

Purpose of Disbursement

Candidate Name

**James Wall**

Office Sought:  House  
 Senate  
 President

State: WI District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2012

Transaction ID : BF9BD2D6C82944A8FB84

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City State Zip Code  
GIG HARBOR WA 98335

Purpose of Disbursement

Candidate Name

**Derek Kilmer**

Office Sought:  House  
 Senate  
 President

State: WA District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 02 / 2012

Transaction ID : B4D5FF7B945744D2BB83

Amount of Each Disbursement this Period

2500.00

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

6500.00

**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)

<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. Tammy Baldwin for Congress**

Mailing Address PO BOx 696

City Madison State WI Zip Code 53701

Purpose of Disbursement

Candidate Name  
**Rep. Tammy Baldwin**

Office Sought:  House  Senate  President  
State: WI District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

Transaction ID : **B8E23F48C802A4A8886E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers for Congress**

Mailing Address PO Box 137

City Spokane State WA Zip Code 99201

Purpose of Disbursement

Candidate Name  
**Rep. Cathy Ann McMorris Rodgers**

Office Sought:  House  Senate  President  
State: WA District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

Transaction ID : **B53D2DB9BB40943CE8A7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Citizens For Rush**

Mailing Address PO Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
reissued ck rto replace the lost ck

Candidate Name  
**Rep. Bobby L. Rush**

Office Sought:  House  Senate  President  
State: IL District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2012

Transaction ID : **B626B1BC6B84B4308BD3**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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. Bob Casey for Senate**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

**Sen. Robert P. Casey Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : B9FF0A9F69DE5428686B**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Cohen for Congress**

Mailing Address 349 Kenilworth PL

City Memphis State TN Zip Code 38112

Purpose of Disbursement

Candidate Name

**Rep. Steve I. Cohen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 09

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : B292A1094AC374F60B8F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City Melbourne State FL Zip Code 32935-6972

Purpose of Disbursement

Candidate Name

**Sen. Bill Nelson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2012

**Transaction ID : B88DA92CD48A845E0A34**

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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)

<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. David Cicilline for Congress**

Mailing Address 102 Waterman St Ste 2

City Providence State RI Zip Code 02906

Purpose of Disbursement

Candidate Name  
**Rep. David N. Cicilline**

Office Sought:  House  
 Senate  
 President  
State: RI District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2012

Transaction ID : **BD5BBF27312204650903**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Sherrod Brown**

Mailing Address PO Box 76187  
Ste 800

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name  
**Sen. Sherrod Brown**

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2012

Transaction ID : **BDA6395A0870341F7A5E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader for Congress**

Mailing Address 307 N Main St Ste 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

Candidate Name  
**Rep. Kurt Schrader**

Office Sought:  House  
 Senate  
 President  
State: OR District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2012

Transaction ID : **B9AD97B25D075426C856**

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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)

<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. We the People PAC**

Mailing Address 38 Ivy 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

/  /

08 / 22 / 2012

Transaction ID : BDD06BCAF37F44A10B96

Amount of Each Disbursement this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

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

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

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

/  /

Amount of Each Disbursement this Period

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

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

4000.00

24500.00

# 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. Jeanine Bright-Hooper**

Mailing Address 1021 Plumb Ridge Ave

City North Las Vegas State NV Zip Code 89081-2980

Purpose of Disbursement  
Member accidentally donated twice and wanted refund for extra contribution

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
08	/	07	/	2012

Transaction ID : B64C148C831CF4C10BE6

Amount of Each Disbursement this Period

5.00
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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
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Amount of Each Disbursement this Period

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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
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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)..... ▶

5.00
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5.00
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