



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		209224.16
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	170586.93									
(c) Total Receipts (from Line 19) .....	45279.76	107677.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	215866.69	316901.64								
7. Total Disbursements (from Line 31) .....	54173.82	155208.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	161692.87	161692.87								
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: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	3300.00	9350.00
(i) Itemized (use Schedule A) .....	41890.05	97800.45
(ii) Unitemized .....	45190.05	107150.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	45190.05	107150.45
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.) .....	89.71	527.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	45279.76	107677.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	45279.76	107677.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4570.06	7388.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4570.06	7388.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37500.00	135666.50
24. Independent Expenditure (use Schedule E) .....	12103.76	12103.76
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(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	50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54173.82	155208.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54173.82	155208.77

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	45190.05	107150.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45190.05	107100.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4570.06	7388.51
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4570.06	7388.51

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28  
(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

**A.** Full Name (Last, First, Middle Initial)  
Rebecca Hilgen Bryan

Mailing Address 124 W summitt Ave

City Haddonfield State NJ Zip Code 08033-3318

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

Name of Employer Wolfe-Simon Medical Associates, P.A. Occupation Nurse Practitioner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  /  /   
**Transaction ID:** A190C23273FE64E6B818

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mary H. Griffith

Mailing Address 15251 S 26t St

City Phoenix State AZ Zip Code 85048

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

Name of Employer E & H Resources, Inc Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  /  /   
**Transaction ID:** AD60E29D296B94DDC8EE

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth F. Stewart

Mailing Address 11318 Woodridge Path

City San Antonio State TX Zip Code 78249-3132

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 ▼ 250.00

Date of Receipt  /  /   
**Transaction ID:** AC5A29260A81340999D5

Amount of Each Receipt this Period 250.00

**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 7 / 28  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Douglas R. Arrington

Mailing Address 12123 Shirestone Ln

City State Zip Code  
Dallas TX 75244-7742

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

Name of Employer  
UT Southwestern Health Systems

Occupation  
DIRECTOR OF REIMBURSEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2008

**Transaction ID:** AEB2638D58932489AAD4

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Sharon L Jacques

Mailing Address 50 Morgan Branch Estates

City State Zip Code  
Candler NC 28715-9364

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

Name of Employer  
Western Carolina University

Occupation  
Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2008

**Transaction ID:** A1A81F7A66DF84056B4E

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Susan S Harvey

Mailing Address 4215 Morrowick Rd

City State Zip Code  
Charlotte NC 28226-4336

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

Name of Employer  
Queens University of Charlotte

Occupation  
Associate Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** A90B88C0D5F4044D3AD3

Amount of Each Receipt this Period  
250.00

**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: (check only one)	PAGE 8 / 28
	<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.** Full Name (Last, First, Middle Initial)  
Debra D. Hatmaker

Mailing Address 10 51 Lake Creek Ct

City Bishop State GA Zip Code 30621

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

Name of Employer GA Nurses Association Occupation Asst Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 24 / 2008

**Transaction ID:** A1A505FCBFD41423EB4C

Amount of Each Receipt this Period 1000.00

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

Mailing Address 653 Culpepper Dr

City Reynoldsburg State OH Zip Code 43068-7256

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

Name of Employer Ohio State Nurses Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2008

**Transaction ID:** A09F23B206D7846ED93F

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Lantz

Mailing Address 1716 10th Ave SE

City Olympia State WA Zip Code 98501-1817

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

Name of Employer State of Washington Occupation Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 31 / 2008

**Transaction ID:** AFA6A3FAE7740427B8F2

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**TOTAL** This Period (last page this line number only) ..... ► 3300.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 28	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
Mailing Address PO Box 27025		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City	State	Zip Code
Richmond	VA	23261
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> AF56473FD0F144B5D866
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="87.34"/>
Occupation		interest
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="517.55"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="87.34"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="87.34"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 28

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Winning Connections</p> <p>Mailing Address 317 Pennsylvania Ave 2nd Floor</p> <p>City Washington State DC Zip Code 20003-1148</p> <p>Purpose of Disbursement internal communication to members</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B2BE233A58ACF47FE8FE</p> <p>Date of Disbursement 03 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Merchant Services</p> <p>Mailing Address PO Box 2485</p> <p>City Spokane State WA Zip Code 99210-2485</p> <p>Purpose of Disbursement credit card and online lockbox fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B636C28BC488E4D7CAFE</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 123.20</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 27025</p> <p>City Richmond State VA Zip Code 23261</p> <p>Purpose of Disbursement bank fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6DD63F565893426BBEA</p> <p>Date of Disbursement 03 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2770.69</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>4393.89</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 28

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: B823E86BCA1E8444C93D		
	Mailing Address PO Box 622227			Date of Disbursement 03 / 31 / 2008		
	City Orlando	State FL	Zip Code 32862-2227	Amount of Each Disbursement this Period 171.17		
	Purpose of Disbursement bank fees		Category/ Type			
Candidate Name						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	171.17
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4565.06

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 28

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BOSWELL FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Leonard L. Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B70D1B914F915400E831</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 11 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PEOPLE FOR ENGLISH</b></p> <p>Mailing Address PO Box 1940</p> <p>City Erie State PA Zip Code 16507</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Phil English</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B718E7A965F6C4289BF3</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 11 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Committee to Elect Chris Murphy</b></p> <p>Mailing Address PO Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Christopher S. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC07DD5375E054456A7A</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 11 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 28

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ohio Democratic Party <hr/> Mailing Address 340 E Fulton St <hr/> City Columbus State OH Zip Code 43215-5418 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B43973185703C438DBFA Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John Barrow <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 12	Transaction ID: BA7E08BF3EBC9410DB62 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) PELOSI FOR CONGRESS <hr/> Mailing Address 235 Montgomery St Ste 610 <hr/> City San Francisco State CA Zip Code 94104 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Nancy Pelosi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08	Transaction ID: BD7314913AE2E4CBD883 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

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

2500.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Ross For Congress <hr/> Mailing Address PO Box 360 <hr/> City State Zip Code Prescott AR 71857 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Mike A. Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7513FAAF275D4C51AF6 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Charlie Dent For Congress <hr/> Mailing Address PO Box 442 <hr/> City State Zip Code Allentown PA 18105 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Charles W. Dent <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFBA2723F2D6F442B936 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) RICHARD E NEAL for CONGRESS COMMITTEE <hr/> Mailing Address 76 Magnolia Terrace <hr/> City State Zip Code Springfield MA 01108 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB7F158A132314B76990 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 28

<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

<b>A.</b> Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS <hr/> Mailing Address 320 Kenarden Dr <hr/> City Highland Heights State OH Zip Code 44143 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steven C. LaTourette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB3424B4C35494FD8991 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE <hr/> Mailing Address PO Box 13147 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Barbara A. Mikulski <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD2D26EC64EFE477680F Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Altmire <hr/> Mailing Address 499 S Capitol St Sw Ste 404 <hr/> City Washington State DC Zip Code 20003-4004 <hr/> Purpose of Disbursement <hr/> Candidate Name Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2028B9DF6F4449DFB47 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Welch For Congress</p> <p>Mailing Address PO Box 1086</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name Peter Welch Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB1DC5EC3096C40CFA8E</p> <p>Date of Disbursement 03 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY</p> <p>Mailing Address 151 Linden Rd</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name Rep. Carolyn McCarthy Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B61443B67FF274BE8A4E</p> <p>Date of Disbursement 03 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 NE Holladay Ste 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement check voided because of bank issues <input type="checkbox"/></p> <p>Candidate Name Rep. Earl Blumenauer Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BBD595E3065BA4DD8BA9</p> <p>Date of Disbursement 03 / 25 / 2008</p> <p>Amount of Each Disbursement this Period -2000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Sestak For Congress	Transaction ID: B5878CE11E0004B24879
	Mailing Address PO Box 16	Date of Disbursement 03 / 11 / 2008
	City Medina State PA Zip Code 19063	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name Joe Sestak	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS	Transaction ID: BFFC188326CC0460A8C2
	Mailing Address PO Box 127868	Date of Disbursement 03 / 11 / 2008
	City San Diego State CA Zip Code 92112-7868	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. Bob Filner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) McNerney for Congress	Transaction ID: B9ACE4FEBDB3C4E1CA50
	Mailing Address 5429 Madison Ave	Date of Disbursement 03 / 11 / 2008
	City Sacramento State CA Zip Code 95840	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. Jerry McNerney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 NE Holladay Ste 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B29CD2E58E2DF4CE6AF8</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rothman for New Jersey</p> <p>Mailing Address 209 Pennsylvania Ave se</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Steve R. Rothman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B48674343252541DFB99</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Mazie Hirono</p> <p>Mailing Address PO Box 677</p> <p>City Honolulu State HI Zip Code 96809</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Mazie K. Hirono</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD37E46BF661644FDA1A</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

**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)

PAGE 19 / 28

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Berry for Congress <hr/> Mailing Address 236 Massachusetts Ave NE #508 <hr/> City Washington State DC Zip Code 20002-4980 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Marion Berry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0B30C9EC2E874E5CA67 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 217 3rd St SE <hr/> City Washington State DC Zip Code 20003-1904 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Patrick J. Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B225008C2EC4446D79D4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS <hr/> Mailing Address 5429 Madison Ave <hr/> City Sacramento State CA Zip Code 95841 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Mike Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5BDA6B6D7D7043B5805 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 28

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS</p> <p>Mailing Address 501 Capitol Court NE Ste 100</p> <p>City Washington State DC Zip Code 20002-7708</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Mike F. Doyle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B03960586B3374FF5A5B</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 11 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brad Miller For Congress</p> <p>Mailing Address 499 S Capitol St SW #412</p> <p>City Washington State DC Zip Code 20003-4009</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Brad Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7993785B56274CC2927</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 05 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeff Merkley for Senate</p> <p>Mailing Address 888 16th St NW Ste 570A</p> <p>City Washington State DC Zip Code 20006-4112</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Jeff Merkley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE378F7C9A24E4743AB8</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 13 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 5000.00</p>

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) John Kerry for Senate <hr/> Mailing Address 10 G St NE Ste 710 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. John F. Kerry <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE18B45876B0C4C36BC9 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) John Salazar For Congress <hr/> Mailing Address PO Box 534 <hr/> City Pueblo State CO Zip Code 81002 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John T. Salazar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF58F4A172C184E67BBB Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS <hr/> Mailing Address PO box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Xavier Becerra <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4123DB3C89444C8F9B5 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gillibrand for Congress <hr/> Mailing Address PO Box 1279 <hr/> City State Zip Code Hudson NY 12534 <hr/> Purpose of Disbursement <hr/> Candidate Name Kirsten E. Gillibrand <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAE1E27CDA95D496A902 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Perlmutter For Congress <hr/> Mailing Address 3440 Youngsfield St #264 <hr/> City State Zip Code Wheat Ridge CO 80033 <hr/> Purpose of Disbursement <hr/> Candidate Name Ed Perlmutter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC6386031678A46699F2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Courtney for Congress <hr/> Mailing Address 38 Risley Rd <hr/> City State Zip Code Vernon CT 06066 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Joe Courtney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFE6DB67B95B5452DB16 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gingrey for Congress <hr/> Mailing Address 1707 Prince St #5 <hr/> City Alexandria State VA Zip Code 22314-2804 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Phil Gingrey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5F2FA6F4614C4D858E9 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Hodes for Congress <hr/> Mailing Address 26 S Main St #253 <hr/> City Concord State NH Zip Code 03301 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Paul W. Hodes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B25A8C3EF959845B2B8D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS <hr/> Mailing Address PO BOx 14631 <hr/> City Shawnee Mission State KS Zip Code 66285 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Dennis W. Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCC605A8B27E24290A02 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="37500.00"/>

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Nurses Association PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00017525
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Logomotion

Date  
M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 8

Mailing Address  
7300 Pearl St Ste 200

Amount  
26.64

City State Zip Code  
Bethesda MD 20814-3357

Transaction ID: EE54E5D8BB052478AAACE

Purpose of Expenditure  
shipping yard signs for Clinton

Category/Type

Office Sought:  House State: WV  
 Senate District: 00  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3887.92

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
American Nurses Association

Date  
M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 8

Mailing Address  
8515 Georgia Ave Ste 400

Amount  
120.00

City State Zip Code  
Silver Spring MD 20910

Transaction ID: E5594ECE981644BEEBEA

Purpose of Expenditure  
webpage labor for 4 hours

Category/Type

Office Sought:  House State: MD  
 Senate District: 00  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
7898.07

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	146.64
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Behrens  
Signature

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Nurses Association PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00017525
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Logomotion

Date  
MM / DD / YYYY  
03 / 04 / 2008

Mailing Address  
7300 Pearl St Ste 200

Amount  
2893.45

City State Zip Code  
Bethesda MD 20814-3357

Transaction ID: E7A4072F11A64492B94D

Purpose of Expenditure  
shipping for yard signs for Clinton

Category/Type

Office Sought:  House State: TX  
 Senate District: 00  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3031.98

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
American Nurses Association

Date  
MM / DD / YYYY  
03 / 04 / 2008

Mailing Address  
8515 Georgia Ave Ste 400

Amount  
6800.00

City State Zip Code  
Silver Spring MD 20910

Transaction ID: E783E399DCEC04E54A9F

Purpose of Expenditure  
webpages

Category/Type

Office Sought:  House State: MD  
 Senate District: 00  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
7898.07

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	9693.45
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Behrens  
Signature

Date MM / DD / YYYY  
04 / 20 / 2009

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Nurses Association PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00017525
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Logomotion

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Mailing Address  
7300 Pearl St Ste 200

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City Bethesda	State MD	Zip Code 20814-3357
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Purpose of Expenditure  
yard signs and shipping for Hillary Clinton to members

Category/Type

---

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

---

Calendar Year-To-Date Per Election for Office Sought

Date  
MM / DD / YYYY  
03 / 14 / 2008

Amount

Transaction ID: EC01B103C9BB44722B08

Office Sought:  House State: WV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Logomotion

---

Mailing Address  
7300 Pearl St Ste 200

---

City Bethesda	State MD	Zip Code 20814-3357
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---

Purpose of Expenditure  
shipping for yard signs for Clinton

Category/Type

---

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

---

Calendar Year-To-Date Per Election for Office Sought

Date  
MM / DD / YYYY  
03 / 04 / 2008

Amount

Transaction ID: EE038D7A1E6784D4E93D

Office Sought:  House State: TX  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input style="width:150px" type="text" value="907.27"/>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input style="width:150px" type="text"/>
(c) TOTAL Independent Expenditures .....	<input style="width:150px" type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Behrens  
Signature

Date  /  /

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Nurses Association PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00017525
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Logomotion

---

Mailing Address  
7300 Pearl St Ste 200

---

City Bethesda	State MD	Zip Code 20814-3357
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---

Purpose of Expenditure yard signs for Clinton	Category/ Type
--	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

---

Calendar Year-To-Date Per Election for Office Sought	7898.07
---	---------

Date  
MM / DD / YYYY  
03 / 04 / 2008

Amount  
978.07

**Transaction ID:** EA712C051D9444B77AAF

Office Sought:  House State: MD  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Logomotion

---

Mailing Address  
7300 Pearl St Ste 200

---

City Bethesda	State MD	Zip Code 20814-3357
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---

Purpose of Expenditure shipping for yard signs for Clinton	Category/ Type
---	-------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

---

Calendar Year-To-Date Per Election for Office Sought	4205.69
---	---------

Date  
MM / DD / YYYY  
03 / 27 / 2008

Amount  
317.77

**Transaction ID:** EB70D90BBAA0E4E20B80

Office Sought:  House State: OR  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	1295.84
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Behrens  
Signature

Date MM / DD / YYYY  
04 / 20 / 2009

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Nurses Association PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00017525
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
American Nurses Association

Date  
MM / DD / YYYY  
03 / 04 / 2008

Mailing Address  
8515 Georgia Ave  
Ste 400

Amount  
30.00

City State Zip Code  
Silver Spring MD 20910

Transaction ID: E1B2DE8EB1D7A4757906

Purpose of Expenditure  
email to 8332 people supporting Clinton

Category/Type

Office Sought:  House State: MD  
 Senate District: 00  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3031.98

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Logomotion

Date  
MM / DD / YYYY  
03 / 18 / 2008

Mailing Address  
7300 Pearl St Ste 200

Amount  
30.56

City State Zip Code  
Bethesda MD 20814-3357

Transaction ID: EDDEA3F802C474F1D893

Purpose of Expenditure  
shipping for yard signs for Clinton

Category/Type

Office Sought:  House State: PA  
 Senate District: 00  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
3861.28

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	60.56
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	12103.76

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Behrens  
Signature

Date  
MM / DD / YYYY  
04 / 20 / 2009