

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

ADDRESS (number and street) 1100 E HECTOR STREET SUITE 450
 Check if different than previously reported. (ACC)
CONSHOHOCKEN PA 19428

2. **FEC IDENTIFICATION NUMBER** C00370569
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

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 Mr. William Cruice

Signature of Treasurer Electronically Filed by Mr. William Cruice Date 09 09 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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		28882.46
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	29365.84									
(c) Total Receipts (from Line 19)	7580.54	12989.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36946.38	41872.28								
7. Total Disbursements (from Line 31)	8560.17	13486.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28386.21	28386.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	815.00	815.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	6765.54	12174.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7580.54	12989.82
(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)	7580.54	12989.82
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 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))	7580.54	12989.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7580.54	12989.82

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	181.73	338.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	181.73	338.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2750.00	5150.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	3693.44	3693.44
(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))	3693.44	3693.44
29. Other Disbursements.....	1935.00	4303.76
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))..	8560.17	13486.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8560.17	13486.07

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	7580.54	12989.82
34. Total Contribution Refunds (from Line 28(d))	3693.44	3693.44
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3887.10	9296.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	181.73	338.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	181.73	338.87

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) Cheryl A. Costello		Date of Receipt
	Mailing Address 506 Southridge Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4612
Name of Employer Temple University Hospital		Occupation Nurse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Personal Chk contribution to PASNAP-PAC

B.	Full Name (Last, First, Middle Initial) Crozer Chester Nurses Association		Date of Receipt
	Mailing Address 27563 Bristol Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Milton	DE	19968
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4538
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
			In-kind - Gift Basket Raf- file item
			[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Fitz Mercy Hosp Nurses Association		Date of Receipt
	Mailing Address 236 Lewis Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Lansdowne	PA	19050
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4530
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 240.00
			In-kind - Gift Basket Raf- file item
			[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
TOTAL 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: (check only one)	PAGE 7 / 27
	<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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) Jeanes Nurses United	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 718 Eisenhower Drive	Transaction ID: SA11AI.4516
	City State Zip Code Telford PA 18969	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	In-kind - Gift Basket Raf- file item
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00 [MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Jeannette Hosp Nurses Association	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 137 Stillwagon Road	Transaction ID: SA11AI.4522
	City State Zip Code Ruffsedale PA 15679	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	In-kind - Gift Basket Raf- file item
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00 [MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Elaine Lawrence	Date of Receipt MM / DD / YYYY 04 / 29 / 2008
	Mailing Address 4408 Bloomfield Avenue	Transaction ID: SA11AI.4532
	City State Zip Code Drexel Hill PA 19026	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	In-kind - Gift Basket Raf- file item
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00 [MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	0.00
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 / 27
	<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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) Lower Bucks Hosp Nurses Association		Date of Receipt
	Mailing Address 414 Delaware Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Croydon	PA	19021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4520
Name of Employer		Occupation	Amount of Each Receipt this Period
			<input type="text"/> 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	In-kind - Gift Basket Raf- file item
		<input type="text"/> .00	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Maureen May		Date of Receipt
	Mailing Address 62 Goodwin Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Sewell	NJ	08080
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4614
Name of Employer Temple University Hospital		Occupation Nurse	Amount of Each Receipt this Period
			<input type="text"/> 325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Personal Chk & PR Deducti- on contribution
		<input type="text"/> 325.00	

C.	Full Name (Last, First, Middle Initial) Paul Muller		Date of Receipt
	Mailing Address 1507 Tenn Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Harrisburg	PA	17102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4615
Name of Employer PA Assoc of Staff Nurses		Occupation Union Rep for Nurses	Amount of Each Receipt this Period
			<input type="text"/> 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Semi-Mthly PR Deductions \$20 each
		<input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 565.00
TOTAL 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: (check only one)	PAGE 9 / 27
	<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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) Northeastern Hosp Nurses Association		Date of Receipt
	Mailing Address 3619 Bellaire Place		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Philadelphia	PA	19154
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4526
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="150.00"/>
		<input type="text" value=".00"/>	In-kind - Gift Basket Raf- file item
			[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) PA Independent Nurses Butler Memorial Hospital		Date of Receipt
	Mailing Address 140 Springdale Church Road		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	West Sunbury	PA	16061
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4540
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="177.60"/>
		<input type="text" value=".00"/>	In-kind - Gift Basket Raf- file item
			[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Suburban General Nurses Association		Date of Receipt
	Mailing Address 535 Prospect Street		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bridgeport	PA	19405
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4518
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="105.00"/>
		<input type="text" value=".00"/>	In-kind - Gift Basket Raf- file item
			[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name (Last, First, Middle Initial)
Temple Univ Hosp Allied Professionals

Mailing Address 6144 Morton Street

City Philadelphia State PA Zip Code 19144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.4528
 Amount of Each Receipt this Period: 175.00
 In-kind - Gift Basket Raf- file item
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Temple Univ Hosp Nurses Association

Mailing Address 4226 Castor Avenue

City Philadelphia State PA Zip Code 19124

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.4514
 Amount of Each Receipt this Period: 80.00
 In-kind - Gift Basket Raf- file item
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Warren Gen Hosp Professional Employees Assoc

Mailing Address 9 Grandview Drive

City Warren State PA Zip Code 16365

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt: 04 / 29 / 2008
Transaction ID: SA11AI.4534
 Amount of Each Receipt this Period: 29.88
 In-kind - Gift Basket Raf- file item
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 0.00

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 11 / 27	
	(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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) Wyoming Valley Nurses Association		Date of Receipt																					
	Mailing Address 217 Bodle Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	9		2	0	0	8														
	City	State	Zip Code		Transaction ID: SA11AI.4524																			
	Wyoming	PA	18644																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer		Occupation		<input type="text" value="180.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value=".00"/>		In-kind - Gift Basket Raf- file item [MEMO ITEM]																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="815.00"/>

**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 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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) Crozer Chester Nurses Association	Transaction ID: SB21B.4539 Date of Disbursement 04 / 29 / 2008
	Mailing Address 27563 Bristol Court	Amount of Each Disbursement this Period 125.00
	City Milton State DE Zip Code 19968	
	Purpose of Disbursement In-kind - Gift Basket Raffle item	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Fitz Mercy Hosp Nurses Association	Transaction ID: SB21B.4531 Date of Disbursement 04 / 29 / 2008
	Mailing Address 236 Lewis Avenue	Amount of Each Disbursement this Period 240.00
	City Lansdowne State PA Zip Code 19050	
	Purpose of Disbursement In-kind - Gift Basket Raffle item	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Jeanes Nurses United	Transaction ID: SB21B.4517 Date of Disbursement 04 / 29 / 2008
	Mailing Address 718 Eisenhower Drive	Amount of Each Disbursement this Period 150.00
	City Telford State PA Zip Code 18969	
	Purpose of Disbursement In-kind - Gift Basket Raffle item	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input 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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>A. Full Name (Last, First, Middle Initial) Jeannette Hosp Nurses Association</p> <p>Mailing Address 137 Stillwagon Road</p> <p>City Ruffsdale State PA Zip Code 15679</p> <p>Purpose of Disbursement In-kind - Gift Basket Raffle item</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>Transaction ID: SB21B.4523</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Elaine Lawrence</p> <p>Mailing Address 4408 Bloomfield Avenue</p> <p>City Drexel Hill State PA Zip Code 19026</p> <p>Purpose of Disbursement In-kind - Gift Basket Raffle item</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>Transaction ID: SB21B.4533</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Lower Bucks Hosp Nurses Association</p> <p>Mailing Address 414 Delaware Avenue</p> <p>City Croydon State PA Zip Code 19021</p> <p>Purpose of Disbursement In-kind - Gift Basket Raffle item</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>Transaction ID: SB21B.4521</p> <p>Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 240.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

<p>A. Full Name (Last, First, Middle Initial) Northeastern Hosp Nurses Association</p> <p>Mailing Address 3619 Bellaire Place</p> <p>City Philadelphia State PA Zip Code 19154</p> <p>Purpose of Disbursement In-kind - Gift Basket Raffle item</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>Transaction ID: SB21B.4527 Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) PA Independent Nurses Butler Memorial Hospital</p> <p>Mailing Address 140 Springdale Church Road</p> <p>City West Sunbury State PA Zip Code 16061</p> <p>Purpose of Disbursement In-kind - Gift Basket Raffle item</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>Transaction ID: SB21B.4541 Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 177.60</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) PNC Merchant Account</p> <p>Mailing Address 486 Norristown Road</p> <p>City Blue Bell State PA Zip Code 19422</p> <p>Purpose of Disbursement PNC Merchant Fee Apr '08</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4569 Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 32.04</p>

SUBTOTAL of Disbursements This Page (optional) ▶

32.04

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 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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) PNC Merchant Account <hr/> Mailing Address 486 Norristown Road <hr/> City Blue Bell State PA Zip Code 19422 <hr/> Purpose of Disbursement PNC Merchant Discount Apr '08 Candidate Name Category/Type <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: SB21B.4570 Date of Disbursement 04 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 15.50
B.	Full Name (Last, First, Middle Initial) PNC Merchant Account <hr/> Mailing Address 486 Norristown Road <hr/> City Blue Bell State PA Zip Code 19422 <hr/> Purpose of Disbursement PNC Merchant Interchange Apr '08 Candidate Name Category/Type <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: SB21B.4571 Date of Disbursement 04 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 7.50
C.	Full Name (Last, First, Middle Initial) PNC Merchant Account <hr/> Mailing Address 486 Norristown Road <hr/> City Blue Bell State PA Zip Code 19422 <hr/> Purpose of Disbursement PNC Merchant Fee May '08 Candidate Name Category/Type <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: SB21B.4575 Date of Disbursement 05 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 34.74

SUBTOTAL of Disbursements This Page (optional) ▶

57.74

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 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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) PNC Merchant Account <hr/> Mailing Address 486 Norristown Road <hr/> City Blue Bell State PA Zip Code 19422 <hr/> Purpose of Disbursement PNC Merchant Discount May '08 Candidate Name Category/Type <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: SB21B.4576 Date of Disbursement 05 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 16.20
B.	Full Name (Last, First, Middle Initial) PNC Merchant Account <hr/> Mailing Address 486 Norristown Road <hr/> City Blue Bell State PA Zip Code 19422 <hr/> Purpose of Disbursement PNC Merchant Interchange May '08 Candidate Name Category/Type <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: SB21B.4577 Date of Disbursement 05 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 7.82
C.	Full Name (Last, First, Middle Initial) Suburban General Nurses Association <hr/> Mailing Address 535 Prospect Street <hr/> City Bridgeport State PA Zip Code 19405 <hr/> Purpose of Disbursement In-kind - Gift Basket Raffle item Candidate Name Category/Type <hr/> 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:	Transaction ID: SB21B.4519 Date of Disbursement 04 / 29 / 2008 <hr/> Amount of Each Disbursement this Period 105.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	24.02
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 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)
PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) Temple Univ Hosp Allied Professionals	Transaction ID: SB21B.4529 Date of Disbursement
	Mailing Address 6144 Morton Street	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Philadelphia State PA Zip Code 19144	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - Gift Basket Raffle item	<input type="text" value="175.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Temple Univ Hosp Nurses Association	Transaction ID: SB21B.4515 Date of Disbursement
	Mailing Address 4226 Castor Avenue	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Philadelphia State PA Zip Code 19124	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - Gift Basket Raffle item	<input type="text" value="80.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Warren Gen Hosp Professional Employees Assoc	Transaction ID: SB21B.4535 Date of Disbursement
	Mailing Address 9 Grandview Drive	<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Warren State PA Zip Code 16365	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - Gift Basket Raffle item	<input type="text" value="29.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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)

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<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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.

Full Name (Last, First, Middle Initial)

Wyoming Valley Nurses Association

Mailing Address 217 Bodle Road

City Wyoming State PA Zip Code 18644

Purpose of Disbursement
In-kind - Gift Basket Raffle item

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4525

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

180.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

113.80

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.	Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS	Transaction ID: SB23.4505 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8	
	Mailing Address P.O. Box 45706		
	City Philadelphia State PA Zip Code 19149 Purpose of Disbursement Campaign Contribution Dist 140 Candidate Name	Amount of Each Disbursement this Period 1000.00	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BOB CASEY FOR SENATE INC	Transaction ID: SB23.4621 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8	
	Mailing Address 607 14TH STREET NW SUITE 800		
	City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement Federal contribution Candidate Name Robert P. Casey	Amount of Each Disbursement this Period 250.00	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Committee for Casorio	Transaction ID: SB23.4617 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8	
	Mailing Address PO Box 562		
	City Irwin State PA Zip Code 15642 Purpose of Disbursement Campaign Contribution Candidate Name	Amount of Each Disbursement this Period 250.00	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name (Last, First, Middle Initial) FATTAH FOR CONGRESS <hr/> Mailing Address 3900 Ford Road Suite 12-O <hr/> City Philadelphia State PA Zip Code 19131 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name FATTAH FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4605 Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JOSEPH A. JR. SESTAK <hr/> Mailing Address P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Voided Check #2090 dated 12/20/07 Candidate Name <hr/> 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) ▼	Transaction ID: SB23.4554 Date of Disbursement 04 / 01 / 2008
	Amount of Each Disbursement this Period -1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOSEPH A. JR. SESTAK <hr/> Mailing Address P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Voided Check # 2098 dated 3/13/08 Candidate Name <hr/> 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) ▼	Transaction ID: SB23.4555 Date of Disbursement 04 / 01 / 2008
	Amount of Each Disbursement this Period -1500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

-2250.00

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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.

Full Name (Last, First, Middle Initial)

JOSEPH A. JR. SESTAK

Transaction ID: SB23.4618

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Mailing Address P.O. Box 16

Amount of Each Disbursement this Period

2500.00

City State Zip Code
Media PA 19063

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 07

B.

Full Name (Last, First, Middle Initial)

WALTNER FOR CONGRESS

Transaction ID: SB23.4502

Date of Disbursement

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

Mailing Address PO BOX 996

Amount of Each Disbursement this Period

1000.00

City State Zip Code
ERIE PA 16512

Purpose of Disbursement
Campaign Contribution Dist 3

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 03

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

2750.00

**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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name (Last, First, Middle Initial) Crozer Chester Nurses Association <hr/> Mailing Address 27563 Bristol Court <hr/> City Milton State DE Zip Code 19968 <hr/> Purpose of Disbursement Refund of small unitemized contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4542 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 246.29
	010 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Fitz Mercy Hosp Nurses Association <hr/> Mailing Address 236 Lewis Avenue <hr/> City Lansdowne State PA Zip Code 19050 <hr/> Purpose of Disbursement Refund of sm unitemized contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4537 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 660.00
	010 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jeanes Nurses United <hr/> Mailing Address 718 Eisenhower Drive <hr/> City Telford State PA Zip Code 18969 <hr/> Purpose of Disbursement Refund of small unitemized contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4545 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 296.29
	010 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1202.58

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 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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name (Last, First, Middle Initial) Jeannette Hosp Nurses Association <hr/> Mailing Address 137 Stillwagon Road <hr/> City Ruffsdale State PA Zip Code 15679 <hr/> Purpose of Disbursement Refund of small unitemized contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4548 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 196.29 Category/Type: 010
B. Full Name (Last, First, Middle Initial) Lower Bucks Hosp Nurses Association <hr/> Mailing Address 414 Delaware Avenue <hr/> City Croydon State PA Zip Code 19021 <hr/> Purpose of Disbursement Refund of small unitemized contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4547 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 476.29 Category/Type: 010
C. Full Name (Last, First, Middle Initial) Northeastern Hosp Nurses Association <hr/> Mailing Address 3619 Bellaire Place <hr/> City Philadelphia State PA Zip Code 19154 <hr/> Purpose of Disbursement Refund of small unitemized contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4550 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 296.29 Category/Type: 010

SUBTOTAL of Disbursements This Page (optional) ▶

968.87

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 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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name (Last, First, Middle Initial) PA Independent Nurses Butler Memorial Hospital <hr/> Mailing Address 140 Springdale Church Road <hr/> City West Sunbury State PA Zip Code 16061 Purpose of Disbursement Refund of small unitemized contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4543 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 351.49 Category/Type: 010
B. Full Name (Last, First, Middle Initial) Suburban General Nurses Association <hr/> Mailing Address 535 Prospect Street <hr/> City Bridgeport State PA Zip Code 19405 Purpose of Disbursement Refund of small unitemized contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4546 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 206.29 Category/Type: 010
C. Full Name (Last, First, Middle Initial) Temple Univ Hosp Allied Professionals <hr/> Mailing Address 6144 Morton Street <hr/> City Philadelphia State PA Zip Code 19144 Purpose of Disbursement Refund of small unitemized contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.4553 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 346.29 Category/Type: 010

SUBTOTAL of Disbursements This Page (optional) ▶

904.07

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A.

Full Name (Last, First, Middle Initial)
Temple Univ Hosp Nurses Association

Mailing Address 4226 Castor Avenue

City Philadelphia State PA Zip Code 19124

Purpose of Disbursement
Refund of small unitemized contribution

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.4544

Date of Disbursement

05 / 23 / 2008

Amount of Each Disbursement this Period

156.29

B.

Full Name (Last, First, Middle Initial)
Wyoming Valley Nurses Association

Mailing Address 217 Bodle Road

City Wyoming State PA Zip Code 18644

Purpose of Disbursement
Refund of small unitemized contribution

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.4549

Date of Disbursement

05 / 23 / 2008

Amount of Each Disbursement this Period

356.29

SUBTOTAL of Disbursements This Page (optional) ►

512.58

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

3588.10

**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 26 / 27

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name (Last, First, Middle Initial) Commissioner Diane Marseglia <hr/> Mailing Address 27 High Road <hr/> City Levittown State PA Zip Code 19056 <hr/> Purpose of Disbursement Non-Federal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4627 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 220.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends for Ferlo <hr/> Mailing Address PO Box 9002 <hr/> City Pittsburgh State PA Zip Code 15224 <hr/> Purpose of Disbursement Non-Federal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4631 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 120.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Anne Dicke <hr/> Mailing Address PO Box 63683 <hr/> City Philadelphia State PA Zip Code 19147 <hr/> Purpose of Disbursement Non-Federal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4625 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	011 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) ▶

840.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PENNSYLVANIA ASSOC OF STAFF NURSES AND ALLIED PROFESSIONALS PASNAP-PAC

A. Full Name (Last, First, Middle Initial)
Friends of Frank Andrews Shimkus

Mailing Address PO Box 596

City Chinchilla State PA Zip Code 18410

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.4633

Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

750.00

B. Full Name (Last, First, Middle Initial)
Galloway 08

Mailing Address 74 Viewpoint Lane

City Levittow State PA Zip Code 19054

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.4629

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
Stanley Wielgopolski

Mailing Address 47 Ramblewood Drive

City White Haven State PA Zip Code 18661

Purpose of Disbursement
50/50 Raffle winner 5/3/08

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.4578

Date of Disbursement

05 / 03 / 2008

Amount of Each Disbursement this Period

95.00

SUBTOTAL of Disbursements This Page (optional) ▶

1095.00

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

1935.00