

**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

American Nurses Association PAC

ADDRESS (number and street)

8515 Georgia Avenue

Suite 400

☐Check if different
than previously
reported. (ACC)

Silver Spring

MD

20910

3492

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00017525

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
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

11

01

2007

through

11

30

2007

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

Mary Behrens

Signature of Treasurer

Electronically Filed by Mary Behrens

Date

12

20

2007

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. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		81815.99
(b) Cash on Hand at Beginning of Reporting Period	158226.53	
(c) Total Receipts (from Line 19)	29305.19	388870.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	187531.72	470686.81
7. Total Disbursements (from Line 31)	18061.12	301216.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	169470.60	169470.60
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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5377.50	39582.33
(ii) Unitemized	23502.68	346909.43
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	28880.18	386491.76
(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) ➡	28880.18	386491.76
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	-886.00
17. Other Federal Receipts (Dividends, Interest, etc.)	425.01	3265.06
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))	29305.19	388870.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29305.19	388870.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	1259.12	17959.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1259.12	17959.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	282000.00
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	302.00	1257.00
(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))	302.00	1257.00
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))..	18061.12	301216.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18061.12	301216.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	28880.18	386491.76
34. Total Contribution Refunds (from Line 28(d))	302.00	1257.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28578.18	385234.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1259.12	17959.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1259.12	17959.21

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

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

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sara L. Jarrett

Mailing Address 2751 S. Macon Circle

City State Zip Code
Aurora CO 80014-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regis University

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

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

Transaction ID: A5B423D5A9BD34872BFF

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Ms. Linda J Stierle

Mailing Address 8527 Edenton Rd

City State Zip Code
Fulton MD 20759-9635

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANA

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: A7B00E79D5F2C44E1834

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nancy Tarr

Mailing Address 45 Cushnoc Dr

City State Zip Code
Augusta ME 04330-5925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine General Medical Cen-
ter

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: A181BF0B44D2E423797A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Donna Warzynski			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 2001 Riverview Avenue, #86			Transaction ID: A7FE8B969559940F99E2	
City	State	Zip Code	Amount of Each Receipt this Period 25.00	
Stevens Point	WI	54481-5278		
FEC ID number of contributing federal political committee. C				
Name of Employer St. Michael's Hospital		Occupation Director of Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
B. Full Name (Last, First, Middle Initial) Ms. Frances E. Beall			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 152 South Burson Ave			Transaction ID: A9896C19D9A074959B03	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Bogart	GA	30622-2005		
FEC ID number of contributing federal political committee. C				
Name of Employer University of Georgia		Occupation Nurse Practitioner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		
C. Full Name (Last, First, Middle Initial) Dr. Sara L. Jarrett			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 2751 S. Macon Circle			Transaction ID: A39A175C42C2B4F55A9A	
City	State	Zip Code	Amount of Each Receipt this Period 200.00	
Aurora	CO	80014-3027		
FEC ID number of contributing federal political committee. C				
Name of Employer Regis University		Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1230.00		

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Dr. Cheryl K. Schmidt Mailing Address 320 West Cross St City State Zip Code Benton AR 72015-3622 FEC ID number of contributing federal political committee. C Name of Employer University of Arkansas Medical Services Occupation Clinical Asst. Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7 Transaction ID: AC53C15660FD3449C91B Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Ms. Rose I. Gonzalez Mailing Address 3318 Cullers Ct City State Zip Code Woodbridge VA 22192-1085 FEC ID number of contributing federal political committee. C Name of Employer ANA Occupation Director of Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7 Transaction ID: A92062EF5EE2F43DA8A4 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) Ms. Donna M Policastro Mailing Address 293 Whitford Ave City State Zip Code Providence RI 02908-3354 FEC ID number of contributing federal political committee. C Name of Employer Aaron Sherman, MD Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7 Transaction ID: A958D1A7046EF479CA78 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(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) Ms. Ellen M. Ladieu Mailing Address PO Box 406 City State Zip Code West Sand Lake NY 12196-0406 FEC ID number of contributing federal political committee. C Name of Employer Occupation Excelsior College RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7 Transaction ID: A6836A9FAC2DE44A1BA7 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Ms. Cynthia Reno Balkstra Mailing Address 123 Bluebill Dr City State Zip Code Savannah GA 31419-9078 FEC ID number of contributing federal political committee. C Name of Employer Occupation Candler Hospital RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7 Transaction ID: A0BBF032888CE4BFF844 Amount of Each Receipt this Period 62.50
C. Full Name (Last, First, Middle Initial) Ms. Mary Jane Williams Mailing Address 108 Dayton Dr City State Zip Code Southington CT 06489-2261 FEC ID number of contributing federal political committee. C Name of Employer Occupation Central Connecticut State Univ Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7 Transaction ID: A511D7742074749FA9AE Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		362.50
TOTAL This Period (last page this line number only) ▶		

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Peggy I Veaser Mailing Address 4940 Sullivan Woods Cv City Memphis State TN Zip Code 38117-2011 FEC ID number of contributing federal political committee. C Name of Employer Univ. of TN, Memphis Occupation Professor & Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7 Transaction ID: A11B5B18342D446728AC Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Ms. Frances M Ricker Mailing Address 2047 Grayden Ct City Superior State CO Zip Code 80027-8221 FEC ID number of contributing federal political committee. C Name of Employer Rose Medical Ctr Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7 Transaction ID: A34561A2B287A43B6852 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Ms. Rebecca M. Patton Mailing Address 2027 Lincoln Ave City Lakewood State OH Zip Code 44107-6031 FEC ID number of contributing federal political committee. C Name of Employer American Nurses Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1420.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: A8556C3AF868C473BB99 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael L. Evans
Mailing Address 1502 West Colorado Blvd

City State Zip Code
Dallas TX 75208-2716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Health Resources

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: AF111EEE9D934404FAEA

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary B. Griffith
Mailing Address 730 E. Church St

City State Zip Code
Union City TN 38261-4157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Of Tenn At Martin

Occupation
Assitant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A3FA3C482B70D418AA47

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Ms. Carol A Countryman
Mailing Address 288 11th St

City State Zip Code
Garden City NY 11530-3051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A6494B7032C334875BDE

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 26

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Donna M Policastro Mailing Address 293 Whitford Ave City Providence State RI Zip Code 02908-3354 FEC ID number of contributing federal political committee. C Name of Employer Aaron Sherman, MD Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7 Transaction ID: AD29425BE30444D6A8E3 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) Dr. Rebecca Bowers-Lanier Mailing Address 1801 Hanover Ave City Richmond State VA Zip Code 23220-3507 FEC ID number of contributing federal political committee. C Name of Employer Norfolk State University Occupation Dept Head Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7 Transaction ID: ABDB64CDB31CF4E11B4B Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) Kathleen A. Ennen Mailing Address 6169 River Sound Circle City Southport State NC Zip Code 28461-3141 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7 Transaction ID: A6532B476CE9F4360B23 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		325.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Sharon Rainer

Mailing Address 221 Union St

City State Zip Code
 Moorestown NJ 08057-2339

FEC ID number of contributing federal political committee.

C

Name of Employer
NJSNAOccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 3 / 2 0 0 7

Transaction ID: A8B07632C571346E2890

Amount of Each Receipt this Period

25.00

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

Ms. Gail Pruett

Mailing Address 2648 Burton Rd

City State Zip Code
 Durham NC 27704-3811

FEC ID number of contributing federal political committee.

C

Name of Employer
North Carolina Nurses AssociationOccupation
Director of Nursing/Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 3 / 2 0 0 7

Transaction ID: A8F39F2CE5D624BA1B73

Amount of Each Receipt this Period

25.00

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

Dr. Debra Hatmaker

Mailing Address 10 51 Ln Creek Ct

City State Zip Code
 Bishop GA 30621-1170

FEC ID number of contributing federal political committee.

C

Name of Employer
GA Nurses AssociationOccupation
Chief Programs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 3 / 2 0 0 7

Transaction ID: AF5F449C510A34C2CB53

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional) ▶

135.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
 Ms. Joylynn Daniels
 Mailing Address 2712 Brookdale Ct

City State Zip Code
 Crestview Hills KY 41017-2219

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 3 / 2 0 0 7

Transaction ID: A5B465A5993294068A5C

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
 Mr. Douglas Burns
 Mailing Address 8104 Bear Creek Dr

City State Zip Code
 Austin TX 78737-4401

FEC ID number of contributing federal political committee.

C

Name of Employer
Professional Perioperative
Services, POccupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 3 / 2 0 0 7

Transaction ID: AD4B63F0E91C54A43AD1

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
 Ms. Michaeline Macecsko
 Mailing Address 226 Richmond Ave

City State Zip Code
 Point Pleasant Bea NJ 08742-2545

FEC ID number of contributing federal political committee.

C

Name of Employer
Kimball Medical CenterOccupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 6 / 2 0 0 7

Transaction ID: A7E161ECA53D2437385C

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rosemary A. Corrigan

Mailing Address 636 W. Briar Place

City

Chicago

State

IL

Zip Code

60657-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: A6118740EF1CC4814886

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ms. Frances J Pulliam

Mailing Address 15466 State Hwy U

City

Bernie

State

MO

Zip Code

63822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: ACF3A837C565549B8BAE

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Ms. Emmalou Keyes

Mailing Address 14703 North Trosper

City

Mission

State

TX

Zip Code

78574-4399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hidalgo Co Health Dept

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: A869A38EEECB343E7899

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Beverly J. Reeves-Dudley

Mailing Address 8118 Goodman

City State Zip Code
Overland Park KS 66204-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ku Medical Center

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: AA3819A61969448978DD

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
Ms. Nora Castinllo

Mailing Address 1522 Attridge Ave

City State Zip Code
Los Angeles CA 90063-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Memorial Medical Ce-
nter

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: A7F4AABDE8483411BA4

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
Ms. Nora Castinllo

Mailing Address 1522 Attridge Ave

City State Zip Code
Los Angeles CA 90063-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Memorial Medical Ce-
nter

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: A4F5D3C2D05594328A5F

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Maria Cole		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 210 Kameha Dr		
City Tiki Island	State TX	Transaction ID: A40F785B8420D473DA2A Amount of Each Receipt this Period 100.00
Zip Code 77554		
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

5377.50

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

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

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)

Sun Trust Bank

Mailing Address PO Box 622227

City State Zip Code
 Orlando FL 32862-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1515.05

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: A2764434497AC4EA6A93

Amount of Each Receipt this Period

3.58

interest

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

Bank of America

Mailing Address PO Box 27025

City State Zip Code
 Richmond VA 23261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.01

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: ABDFACFB734724758A94

Amount of Each Receipt this Period

421.43

interest

SUBTOTAL of Receipts This Page (optional)

425.01

TOTAL This Period (last page this line number only)

425.01

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)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank c/oNOVA Regions Bank Montgomery

Mailing Address 7300 Chapmans Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
credit card fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B853BD460C746446292F

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

41.02

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement
bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B4C3B17AD54D04CC78D7

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

857.38

Full Name (Last, First, Middle Initial)

C. Sun Trust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: BF5FB424768AD410C92D

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

255.68

SUBTOTAL of Disbursements This Page (optional)

1154.08

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 20 / 26

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Bank of America Merchant Services

Mailing Address PO Box 2485

City
Spokane

State
WA

Zip Code
99210-2485

Purpose of Disbursement
credit card and online lockbox fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B7DEDFA946F3B428FA43

Date of Disbursement

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

Amount of Each Disbursement this Period

105.04

SUBTOTAL of Disbursements This Page (optional)

105.04

TOTAL This Period (last page this line number only)

1259.12

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 21 / 26

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Carney For Congress

Mailing Address PO Box A

City
Clarks Summit

State
PA

Zip Code
18411

Purpose of Disbursement

Candidate Name
Christopher P. Carney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: B42B94E852D9D49AFADB

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cooper For Congress Committee

Mailing Address PO Box 198497

City
Nashville

State
TN

Zip Code
37219

Purpose of Disbursement

Candidate Name
Rep. Jim Cooper

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 05

Transaction ID: BA74E2AE68262457C9F9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Betty Sutton For Congress

Mailing Address 1700 W Market St #155

City
Akron

State
OH

Zip Code
44313

Purpose of Disbursement

Candidate Name
Betty Sutton

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 13

Transaction ID: BBE8780806F864B078CB

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement

Candidate Name
Rep. Lois Capps

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: B4C6E6E78F6DE4F568DF

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. EDDIE BERNICE JOHNSON

Mailing Address 3102 Maple Ave
Ste 605

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Candidate Name
Rep. Eddie Bernice Johnson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 30

Transaction ID: BC7A01E40ACE343E2ABB

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Allyson Schwartz For Congress

Mailing Address PO Box 2232

City
Jenkinstown

State
PA

Zip Code
19046

Purpose of Disbursement

Candidate Name
Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: B5B23D6C5DB124963B1F

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ROSA DELAURO COMMIT

Mailing Address 12 Trumbull St

City
New Haven

State
CT

Zip Code
06511

Purpose of Disbursement

Candidate Name
Rep. Rosa L. DeLauro

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: B39C9C79F83E84614A8A

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DIANA DEGETTE FOR CONGRESS

Mailing Address PO Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement

Candidate Name
Rep. Diana L. DeGette

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Transaction ID: B74BCCB24ED3A42E689E

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Walz For Congress

Mailing Address PO Box 938

City
Mankato

State
MN

Zip Code
56002

Purpose of Disbursement

Candidate Name
Timothy J. Walz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: BF47836BE4EEB4BCAB33

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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)

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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

Full Name (Last, First, Middle Initial)

A. HOOLEY FOR CONGRESS

Mailing Address PO Box 2050

City
Salem

State
OR

Zip Code
97308

Purpose of Disbursement

Candidate Name

Rep. Darlene Hooley

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 05

Transaction ID: BCC1E253A1A8E42C0BF0

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Van Hollen for Congress

Mailing Address 10537 St Paul St

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement

Candidate Name

Rep. Chris Van Hollen, Jr.

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 08

Transaction ID: B764400AAEF104D91AD8

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. A Lot of People for Dave Obey

Mailing Address PO Box 1322

City
Wausau

State
WI

Zip Code
54402-1322

Purpose of Disbursement

Candidate Name

Rep. Dave R. Obey

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 07

Transaction ID: B410A707655C94680B86

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

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 25 / 26

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. BRIAN BAIRD FOR CONGRESS

Mailing Address PO Box 5016

City
Vancouver

State
WA

Zip Code
98668

Purpose of Disbursement

Candidate Name
Rep. Brian Baird

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 03

Transaction ID: B9A53BFA4F15F41C2978

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Schiff For Congress

Mailing Address 777 S Figueroa St Ste 4050

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement

Candidate Name
Rep. Adam B. Schiff

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Transaction ID: B32C418428FEE49C18E5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Perlmuter For Congress

Mailing Address 3440 Youngsfield St #264

City
Wheat Ridge

State
CO

Zip Code
80033

Purpose of Disbursement

Candidate Name
Ed Perlmuter

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: BE0B3A834F8B24ED39AB

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

16500.00

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)

PAGE 26 / 26

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Janice Bussert

Mailing Address 9427 SW 268th St

City
Vashon

State
WA

Zip Code
98070-8445

Purpose of Disbursement
wanted refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B569EBA19B7244096B32

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Nancy Jorn

Mailing Address 3116 W. 28th Circle

City
Lawrence

State
KS

Zip Code
66047-3900

Purpose of Disbursement
mistakenly gave twice and wanted a refun

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: BB1ACBEB945B54F28B98

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.00

SUBTOTAL of Disbursements This Page (optional)

302.00

TOTAL This Period (last page this line number only)

302.00