FEC FORM 3X	AN	PORT OI D DISBU	IRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	, type			
	ssociation PAC							]
ADDRESS (number and	street)	15 Georgia Avenue	e 					
Check if differ than previously reported. (ACC	ent Li	uite 400					20910	3492 
2. FEC IDENTIFICAT	ION NUMBER	¥			S	STATE 🛋	ZIPCOL	DE 🔺
C00017525		]	3. IS THIS REPORT		NEW N) <b>OR</b>	AM (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) 5 Report(Q3) 81 Report(YE) iid-Year on-election	(d) 30-Day <b>Post</b> -Elec Report for	the:		12C)	Sep 2	2G) in the State o	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer		Nary Behrens	my knowledge	through and belief it is	1 1 true, correct a		2007	2007
NOTE : Submission of f	alse, erroneous,	or incomplete info	rmation may s	ubject the pers	on signing this	Report to the	penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 02/200	

mag	e# 27931689196 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Ņ	Write or Type Committee Name American Nurses Association PAC		
I	Report Covering the Period: From:	M M D D V Y Y Y Y 1 1 0 1 2 0 0 7	To:
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 <sup>Y</sup> 2007 <sup>Y</sup> <sup>Y</sup>		81815.99
	(b) Cash on Hand at Begining 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D)	0.00	]

10. Debts and Obligations owed ΒY the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X 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

	Page 3
1 1 0 1 2 0 0 7 To	E T T T T T T T T T T T T T T T T T T T
COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
5377.50	39582.33
23502.68	346909.43
► 28880.18	386491.76
	0.00
0.00	0.00
▶ 28880.18	386491.76
0.00	0.00
	0.00
	0.00
0.00	0.00
0.00	0.00
0.00	-886.00
425.01	3265.06
nds	
0.00	0.00
0.00	0.00
0.00	0.00
29305.19	388870.82
29305.19	388870.82
	COLUMN A Total This Period         5377.50         23502.68         28880.18         0.00         0.00         28880.18         0.00

Image# 27931689198

## **DETAILED SUMMARY PAGE**

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
,	(ii) Non-Federal Share	0.00	0.00
1)	b) Other Federal Operating Expenditures	1259.12	17959.21
(0	c) Total Operating Expenditures	1259.12	17959.21
2. T	(add 21(a)(i), (a)(ii) and (b)) ransfers to Affiliated/Other Party	1233.12	17303.21
3. C	Committees	0.00	0.00
a	ederal Candidates/Committeesnd Other Political Committees	16500.00	282000.00
	ndependent Expenditure	0.00	0.00
5. Č C	Coordinated Expenditures Made by Party	0.00	0.00
(เ	use Schedule F)		
6. L	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other Than Political Committees	302.00	1257.00
4		0.00	0.00
	<ul> <li>Political Party Committees</li> <li>Other Political Committees</li> </ul>		
(	(such as PACs)	0.00	0.00
((	(add Lines 28(a), (b), and (c))	302.00	1257.00
9. C	ther Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)	0.00	0.00
	(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
1. 1	Total Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18061.12	301216.21
	Total Federal Disbursements		
	subtract Line 21(a)(ii) from Line 30(a)(ii) rom Line 31)	18061.12	301216.21
'		10001.12	001210.21

## Image# 27931689199

## DETAILED SUMMARY PAGE

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

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 6 / 26 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X     11a     11b     11c     12	
[				13 14 15 16 17	
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$\rangle$	American Nurses Association PAC				
Α.	Full Name (Last, First, Middle Initial) Dr. Sara L. Jarrett			Date of Receipt	
	Mailing Address 2751 S. Macon Circle			M M / D D / Y Y Y Y 1 1 0 1 2007	
	City	State	Zip Code	Transaction ID: A5B423D5A9BD34872BFF	
	Aurora	CO	80014-3027	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer Regis University	Occupation Professo		-	
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify)	0 0	1030.00		
в.	Full Name (Last, First, Middle Initial) Ms. Linda J Stierle			Date of Receipt	
	Mailing Address 8527 Edenton Rd			M         M         /         D         D         /         Y	
	City	State	Zip Code	Transaction ID: A7B00E79D5F2C44E1834	
	Fulton	MD	20759-9635	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer ANA	Occupation			
	Receipt For:		ecutive Officer e Year-to-Date ▼	-	
	Primary General	, iggi egaid			
	Other (specify)	0 0	500.00		
с.	Full Name (Last, First, Middle Initial) Nancy Tarr			Date of Receipt	
	Mailing Address 45 Cushnoc Dr			M M / D D / Y Y Y Y 111 05 2007	
	City	State	Zip Code	Transaction ID: A181BF0B44D2E423797A	
	Augusta	ME	04330-5925	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Maine General Medical Cen- ter	Occupation RN	n		
	Receipt For:	Aggregate	e Year-to-Date 🔻	1	
	Other (specify)	0 0	1000.00		
6	UBTOTAL of Receipts This Page (optional)			1530.00	
F			·····		
Т	OTAL This Period (last page this line number or	nly)	•		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 7 / 26         (check only one)       11a         X       11a         13       14         15       16         17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\langle$	American Nurses Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Donna Warzynski			Date of Receipt
	Mailing Address 2001 Riverview Avenue,	#86		1 1 0 5 Y Y Y Y 1 1 0 5 2 0 0 7
	City	State	Zip Code	Transaction ID: A7FE8B969559940F99E2
	Stevens Point	WI	54481-5278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer St. Michael's Hospital	Occupation Director	n of Nursing	-
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	225.00	
в.	Full Name (Last, First, Middle Initial) Ms. Frances E. Beall			Date of Receipt
	Mailing Address 152 South Burson Ave		M M / D D / Y Y Y Y 11 1 05 2007	
	City	State	Zip Code	Transaction ID: A9896C19D9A074959B03
	Bogart	GA	30622-2005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University of Georgia	Occupation		
	Receipt For:		actitioner e Year-to-Date ▼	_
	Primary General			
	Other (specify)	0 0	350.00	
c.	Full Name (Last, First, Middle Initial) Dr. Sara L. Jarrett			Date of Receipt
	Mailing Address 2751 S. Macon Circle			M M / D D / Y Y Y Y 1 1 1 05 2007
	City	State	Zip Code	Transaction ID: A39A175C42C2B4F55A9A
	Aurora	CO	80014-3027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Regis University	Occupation Professo		
	Receipt For:		r e Year-to-Date ▼	-
	Primary General Other (specify) ▼		1230.00	
s	UBTOTAL of Receipts This Page (optional)		·····	475.00
	OTAL This Period (last page this line number or			

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 8 / 26         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17
or f	v information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<b>A</b> .	Full Name (Last, First, Middle Initial)         Dr. Cheryl K. Schmidt         Mailing Address       320 West Cross St         City         Benton         FEC ID number of contributing federal political committee.         Name of Employer Unversity of Arkansas Medical Services         Receipt For:         Primary       General Other (specify) ▼		Zip Code 72015-3622 on Asst. Professor e Year-to-Date ▼ 1300.00	Date of Receipt
B.	Full Name (Last, First, Middle Initial) Ms. Rose I. Gonzalez Mailing Address 3318 Cullers Ct City Woodbridge FEC ID number of contributing federal political committee. Name of Employer ANA Receipt For: Primary General Other (specify) ▼		Zip Code 22192-1085 on of Government Affairs e Year-to-Date V 300.00	Date of Receipt
<b>C.</b>	Full Name (Last, First, Middle Initial)         Ms. Donna M Policastro         Mailing Address       293 Whitford Ave         City         Providence         FEC ID number of contributing federal political committee.         Name of Employer Aaron Sherman, MD         Receipt For:         Primary       General         Other (specify) ▼	State RI C Occupatio RN Aggregate	Zip Code 02908-3354 on e Year-to-Date ▼ 250.00	Date of Receipt 1 1 0 0 5 2 0 0 7 Transaction ID: A958D1A7046EF479CA78 Amount of Each Receipt this Period 100.00
	JBTOTAL of Receipts This Page (optional)		•	250.00

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)
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements may be name and add	y not be sold or used by any perso dress of any political committee to	13       14       15       16       17         on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Nurses Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Ellen M. Ladieu Mailing Address PO Box 406			Date of Receipt
	City West Sand Lake	State NY	Zip Code 12196-0406	1     0     2     0     7       Transaction ID:     A6836A9FAC2DE44A1BA       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Excelsior College Receipt For:	Occupatio RN Aggregate	n e Year-to-Date ▼	
	Primary General Other (specify) ▼		275.00	]
в.	Full Name (Last, First, Middle Initial) Ms. Cynthia Reno Balkstra Mailing Address 123 Bluebill Dr			Date of Receipt
	City	State	Zip Code	Transaction ID: A0BBF032888CE4BFF844
	Savannah	GA	31419-9078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer Candler Hospital	Occupatio RN	n	
	Receipt For: Primary General Other (specify) ♥		e Year-to-Date ▼ 250.00	]
C.	Full Name (Last, First, Middle Initial) Ms. Mary Jane Williams Mailing Address 108 Dayton Dr			Date of Receipt
		Chata	Zie Oode	11 13 2007
	City Southington	State CT	Zip Code 06489-2261	Transaction ID: A511D7742074749FA9AE Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Central Connecticut State Univ Receipt For:	Occupatio Professo		_
	Primary General Other (specify) ▼		250.00	]
	UBTOTAL of Receipts This Page (optional)	1		362.50

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 26 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) American Nurses Association PAC					
<u>А</u> .	Full Name (Last, First, Middle Initial) Ms. Peggy I Veeser Mailing Address 4940 Sullivan Woods C	2v		Date of Receipt		
	City	State	Zip Code	1 1 1 3 2 0 0 7 Transaction ID: A11B5B18342D446728AC		
	Memphis	TN	38117-2011	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer Univ. of TN, Memphis	Occupatio Professo	n r & Director			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	300.00			
в.	Full Name (Last, First, Middle Initial) Ms. Frances M Ricker			Date of Receipt		
	Mailing Address 2047 Grayden Ct		1 1 / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7			
	City	State	Zip Code	Transaction ID: A34561A2B287A43B6852		
	Superior	CO	80027-8221	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer Rose Medical Ctr	Occupatio RN	n			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	250.00			
С.	Full Name (Last, First, Middle Initial) Ms. Rebecca M. Patton			Date of Receipt		
	Mailing Address 2027 Lincoln Ave			M M / D D / Y Y Y Y 11 1 19 2007		
	City Lakewood	State OH	Zip Code 44107-6031	Transaction ID: A8556C3AF868C473BB99 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer American Nurses Associati- on		n t			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1420.00	]		
s	UBTOTAL of Receipts This Page (optional)			1200.00		
Т	OTAL This Period (last page this line number of	only)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 11/26       (check only one)     11c     12
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the in NAME OF COMMITTEE (In Full)	atements may name and add	y not be sold or used by any perso dress of any political committee to	13     14     15     16     17       In for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	American Nurses Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Michael L. Evans			Date of Receipt
	Mailing Address 1502 West Colorado Bl	va		1 1 1 1 9 / Y Y Y Y 1 1 1 1 9 2 0 0 7
	City	State	Zip Code	Transaction ID: AF111EEE9D934404FAE
	Dallas	TX	75208-2716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Texas Health Resources	Occupatio Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Ms. Mary B. Griffith			Date of Receipt
	Mailing Address 730 E. Church St	1 1 / 2 3 / Y Y Y Y 1 1 / 2 3 / 2 0 0 7		
	City	State	Transaction ID: A3FA3C482B70D418AA47	
	Union City	TN	38261-4157	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Univ Of Tenn At Martin	Occupatio Assitant	<sup>n</sup> Professor	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	400.00	
с.				Date of Receipt
	Mailing Address 288 11th St			M M / D D / Y Y Y Y 11 23 2007
	City	State	Zip Code	Transaction ID: A6494B7032C334875BDE
	Garden City	NY	11530-3051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Retired		n	
			e Year-to-Date 🔻	
	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)		••••••	550.00
т	OTAL This Period (last page this line number c	only)	•	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	tements may	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 12 / 26         (check only one)       11         X       11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions       12       13       14
or	for commercial purposes, other than using the non- NAME OF COMMITTEE (In Full) American Nurses Association PAC	ame and add	lress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Donna M Policastro Mailing Address 293 Whitford Ave City Providence FEC ID number of contributing federal political committee. Name of Employer Aaron Sherman, MD Pagoint Epr:	State RI C Occupation RN		Date of Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Rebecca Bowers-Lanier Mailing Address 1801 Hanover Ave			Date of Receipt
	City Richmond	State VA	Zip Code	Transaction ID: ABDB64CDB31CF4E11B4B
	FEC ID number of contributing federal political committee.	C	23220-3507	Amount of Each Receipt this Period
	Name of Employer Norfolk State University         Receipt For:         Primary       General         Other (specify) ▼	Occupation Dept Hea Aggregate		
C.	Full Name (Last, First, Middle Initial) Kathleen A. Ennen Mailing Address 6169 River Sound Circle	,		Date of Receipt
	City	State	Zip Code	Transaction ID: A6532B476CE9F4360B23
	Southport	NC	28461-3141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupatior RN	1	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2250.00	
s	UBTOTAL of Receipts This Page (optional)		•	325.00
т	OTAL This Period (last page this line number or	ıly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 13 / 26         (check only one)
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)	State NJ C Occupatio RN Aggregat	Zip Code 08057-2339	Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7 Transaction ID: A8B07632C571346E2890 Amount of Each Receipt this Period 25.00
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	400.00	
в.	Ms. Gail Pruett Mailing Address 2648 Burton Rd City Durham FEC ID number of contributing federal political committee.	State NC	Zip Code 27704-3811	Date of Receipt
	Name of Employer North Carolina Nurses Ass- ociation Receipt For: Primary General Other (specify) ▼	1 · · · · · · · · · · · · · · · · · · ·	n of Nursing/Education e Year-to-Date 275.00	
C.	Full Name (Last, First, Middle Initial)         Dr. Debra Hatmaker         Mailing Address       10 51 Ln Creek Ct			Date of Receipt
	City Bishop FEC ID number of contributing federal political committee. Name of Employer GA Nurses Association Receipt For: Primary General		Zip Code 30621-1170 ograms Officer e Year-to-Date ▼ 765.00	Transaction ID: AF5F449C510A34C2CB53 Amount of Each Receipt this Period 85.00
	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · ·	135.00
	<b>OTAL</b> This Period (last page this line number	only)	······	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 14/26         (check only one)       Image: state sta
Ai	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)         Ms. Joylynn Daniels         Mailing Address       2712 Brookdale Ct         City         Crestview Hills         FEC ID number of contributing federal political committee.         Name of Employer Retired         Receipt For:         Primary       General         Other (specify)	State KY C Occupatio RN Aggregate	Zip Code 41017-2219 n e Year-to-Date ▼ 275.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial) Mr. Douglas Burns Mailing Address 8104 Bear Creek Dr City Austin FEC ID number of contributing federal political committee.	State TX	Zip Code 78737-4401	Date of Receipt M M / 23 / 2007 Transaction ID: AD4B63F0E91C54A43AD Amount of Each Receipt this Period 50.00
	Name of Employer         Professional Perioperative         Services, P         Receipt For:         Primary         General         Other (specify)         Full Name (Last, First, Middle Initial)	Occupatio RN Aggregate	n e Year-to-Date ▼ 450.00	
C.	Ms. Michaeline Macecsko         Mailing Address       226 Richmond Ave         City         Point Pleasant Bea         FEC ID number of contributing federal political committee.         Name of Employer Kimball Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State NJ C Occupatio Nurse Aggregate	Zip Code 08742-2545 n e Year-to-Date ▼ 300.00	Date of Receipt
s	UBTOTAL of Receipts This Page (optional)		·····	200.00
Т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 26 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	$\overline{X}$ 11a 11b 11c 12
		Detailed Gummary Fage	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Nurses Association PAC			
Full Name (Last, First, Middle Initial)A.Ms. Rosemary A. Corrigan			Date of Receipt
Mailing Address 636 W. Briar Place			M M / D D / Y Y Y Y 111 26 2007
City	State	Zip Code	Transaction ID: A6118740EF1CC4814886
Chicago	IL	60657-4521	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Retired	Occupation RN	n	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Other (specify) ▼	0 0	225.00	]
Full Name (Last, First, Middle Initial) B. Ms. Frances J Pulliam			Date of Receipt
Mailing Address 15466 State Hwy U			M M / D D / Y Y Y Y Y 11 26 2007
City	State	Zip Code	Transaction ID: ACF3A837C565549B8BAE
Bernie	MO	63822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Retired	Occupation RN	n	
Receipt For:		e Year-to-Date 🔻	_
Primary General			1
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial) C. Ms. Emmalou Keyes			Date of Receipt
Mailing Address 14703 North Trosper			M M / D D / Y Y Y Y 11 1 26 2007
City	State	Zip Code	Transaction ID: A869A38EEECB343E7899
Mission	ТХ	78574-4399	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Hidalgo Co Health Dept	Occupation	n	
Receipt For:	Nurse Aggregate	e Year-to-Date 🔻	-1
Primary General	ggi oguit		1
Other (specify) <b>v</b>		400.00	
SUBTOTAL of Receipts This Page (optional)		·····	150.00
TOTAL This Period (last page this line number c	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         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
✓       Full Name (Last, First, Middle Initial)         A. Ms. Beverly J. Reeves-Dudley         Mailing Address         8118 Goodman         City         Overland Park         FEC ID number of contributing federal political committee.         Name of Employer Ku Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       KS     66204-3502       C     Occupation       RN     Aggregate Year-to-Date     ▼       225.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Ms. Nora Castinllo         Mailing Address       1522 Attridge Ave         City         Los Angeles         FEC ID number of contributing federal political committee.         Name of Employer         White Memorial Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       C     0063-1930       C     0       Occupation     RN       Aggregate Year-to-Date     ▼       225.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Ms. Nora Castinllo         Mailing Address       1522 Attridge Ave         City         Los Angeles         FEC ID number of contributing federal political committee.         Name of Employer         White Memorial Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       C     90063-1930       C     Occupation       RN     Aggregate Year-to-Date     ▼       225.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 17 / 26         (check only one)       Image: state s
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
$\mathbf{N}$	NAME OF COMMITTEE (In Full)			
	American Nurses Association PAC			
Α.	Full Name (Last, First, Middle Initial) Maria Cole			Date of Receipt
	Mailing Address 210 Kameha Dr			M M / D D / Y Y Y Y 11 1 30 2007
	City	State	Zip Code	Transaction ID: A40F785B8420D473DA2
	Tiki Island	ТХ	77554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Information Requested	Occupation Information	on Requested	
	Receipt For: Primary General 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

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IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and St for commercial purposes, other than using the	atements may	Use separate schedule(s) or each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER:       PAGE 18 / 26         (check only one)       11a         11a       11b       11c       12         13       14       15       16       17         n for the purpose of soliciting contributions solicit contributions from such committee       10       17
$\sum$	NAME OF COMMITTEE (In Full)         American Nurses Association PAC         Full Name (Last, First, Middle Initial)         Sun Trust Bank         Mailing Address       PO Box 622227         City         Orlando         FEC ID number of contributing federal political committee.         Name of Employer Information Requested         Receipt For:         Primary       General         Other (specify) ▼	State FL C Occupation Informati	Zip Code 32862-2227	Date of Receipt          M M       /       D D       /       Y Y Y Y         M M       /       D D       /       Y Y Y Y         Transaction ID:       A2764434497AC4EA6A93         Amount of Each Receipt this Period       3.58         interest       3.58
В.	Full Name (Last, First, Middle Initial)         Bank of America         Mailing Address       PO Box 27025         City         Richmond         FEC ID number of contributing federal political committee.         Name of Employer Information Requested         Receipt For:         Primary       General         Other (specify) ▼	1	Zip Code 23261 n on Requested e Year-to-Date ▼ 1750.01	Date of Receipt

SUBTOTAL of Receipts This Page (optional)	►	425.01
TOTAL This Period (last page this line number only)	►	425.01

CHEDULE B (FEC Form 3X)	Use seperate schedule(s)							PAGE 19/26			
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NAME OF COMMITTEE (In Full)											
American Nurses Association PAC											
Full Name (Last, First, Middle Initial) Sun Trust Bank c/oNOVA Regions Bank N	lontgomery					t <b>ion ID</b> : Disburs			460C74	64462	2921
Mailing Address 7300 Chapmans Hwy			1	∕	$\stackrel{D}{0}$	/ Y	žoŏ	7 <sup>×</sup>			
City	State Zip Code			Ar	nount o	of Each	Dist	oursem	nent this	Period	
KNoxville	TN 37920								41.	02	٦.
Purpose of Disbursement credit card fees										02	
Candidate Name		Categ Typ		_							
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial)	<b>.</b>		ion ID.	D 4 (	2001		0400				
Bank of America						Disburs	emer		7AD54E		8/د
Mailing Address PO Box 27025		1	່ ຍິ	$\stackrel{D}{0}$		Ž0Ŏ	7 '				
City Richmond	StateZip CodeVA23261			Ar	nount	of Each	Dist	oursem	nent this	Period	_
Purpose of Disbursement bank fees								857.	38		
Candidate Name	Categ Typ										
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼										
Full Name (Last, First, Middle Initial)				Tr	200200			EDA	24768A		
Sun Trust Bank							emen				092
Mailing Address PO Box 622227				1	1	3	8 <sup>D</sup>		žoŏ	7	
City Orlando		Ar	nount o	of Each	Dist	oursem	nent this		-		
Purpose of Disbursement bank fees							255.	68			
Candidate Name	Categ Typ	-									
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼										
SUBTOTAL of Disbursements This Page (optional)			•						1154.	08	]
TOTAL This Period (last page this line number only	)		►								
C Schedule B (Form 3X) Rev. 02/2003											

IT An	CHEDULE B (FEC Form 3X EMIZED DISBURSEMENTS Information copied from such Reports and for commercial purposes, other than using	S Use seperate schedule(s) for each category of the Detailed Summary Page	(check onl X 21b 27 any person	22 23 28a 28b for the purpose of sc	
$\rangle$	NAME OF COMMITTEE (In Full) American Nurses Association PAC				
Α.	Full Name (Last, First, Middle Initial)         Bank of America Merchant Services         Mailing Address       PO Box 2485	3		Date of Disburse	B7DEDFA946F3B428FA43 ement 0 / Y Y 0 0 7 Y
	City Spokane Purpose of Disbursement credit card and online lockbox fees	State Zip Code WA 99210-2485		Amount of Each	Disbursement this Period 105.04
	Candidate Name	C	Category/ Type		
	Office Sought: House I Senate President State: District:	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	►	105.04
TOTAL This Period (last page this line number only)	►	1259.12
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SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)						NUMBER: PAGE 21 / 26									
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page			(cr	eck or 21b	nly o	ne) 22		23		24	24 25 2			<b>1</b> 26	
		Detailed	Summary Page		H	27		28a	Ĥ	28b	$\square$	28c		29		30	
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or t	or commercial purposes, other than using the name	e and addre	ss of any politica	l con	nmitt	ee to s	SOLICI	t contr	lbut	ions fr	om	such	com	nmittee	e		
>	NAME OF COMMITTEE (In Full) American Nurses Association PAC																
/	American Nuises Association PAC																
	Full Name (Last, First, Middle Initial)									on ID		-	4E8	352D	9D49	9AF/	
•	Carney For Congress	Date of Disbursement															
	Mailing Address PO Box A							1 1	IVI	′ <b>Ľ</b>	8			²́0Ò́	7 '		
	,	State	Zip Code					Amou	int o	f Each	n Dis	burse	eme	ent this	s Peri	od	
	Clarks Summit	PA	18411				_							1000	00		
	Purpose of Disbursement				U			<u> </u>						1000			
	Candidate Name Christopher P. Carney			С	ateg Typ												
	Office Sought: X House Disburse	ement For:	2008														
		Primary	General														
	State: PA District: 10	Other (spe	ecity) 🔻														
	Full Name (Last, First, Middle Initial)							<b>T</b>							0.45	-700	
•	Cooper For Congress Committee							Date		on ID: isburs	eme					5705	
	Mailing Address PO Box 198497			11	M	2	26		Y	ž o ò	7 <sup>*</sup>						
	City Nashville				Amount of Each Disbursement this Perior							od					
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	Candidate Name Rep. Jim Cooper	С	ateg Typ														
	Senate X President	ement For: Primary Other (spe	2008 General ecify) ▼														
	State: TN District: 05																
-	Full Name (Last, First, Middle Initial) Betty Sutton For Congress							Date		on ID isburs	eme		'808	306F8	864E	8078	
	Mailing Address 1700 W Market St #155							<sup>™</sup> 1	М	<sup>D</sup> C	) <sup>D</sup>		Y	²́0Ŏ	7 <sup>×</sup>		
	City Akron	State OH	Zip Code 44313					Amou	int o	f Each	ı Dis	burse	eme	ent this	s Peri	od	
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	Candidate Name Betty Sutton	С	ateg Typ														
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ITEMIZED DISBURSEMENTS       for each category of the balated Summary Page       Disburgent for 2 b       2 a	SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	-	R LIN	-		R:		PA	٩GE	22 / 26	
r 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 Initia) FILI Name (Last, First, Middle Initia) Candidate Name Rep. Lois Capps Office Sought: X House Disbursement For: 2008 City State: CA District: 23 Full Name (Last, First, Middle Initia) EDIE BERNICE JOHNSON Mailing Address PO Box 23940 City State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE BERNICE JOHNSON Full Name (Last, First, Middle Initia) EDIE BERNICE JOHNSON Full Name (Last, First, Middle Initia) EDIE BERNICE JOHNSON Full Name (Last, First, Middle Initia) EDIE BERNICE JOHNSON Full Name (Last, First, Middle Initia) EDIE BERNICE JOHNSON Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle Initia) Full Name (Last, First, Middle Initia) EDIE State: TX District: 30 Full Name (Last, First, Middle	<b>FEMIZED DISBURSEMENTS</b>	for each category of the		21b		22		F	1	Π		26 301
NAME OF COMMITTEE (In Full)         American Nurses Association PAC         Full Name (Last, First, Middle Initial)         - FRIENDS OF LOIS CAPPS         Maiing Address       PO BOX 23940         City       State         Santa Barbara       CA         Purpose of Disbursement       Calegory/ Type         Office Sought:       Senate President         State:       CA         State:       Transaction ID: BC7A01E40ACE3         Disbursement For:       2008         Xite::       CA         Other (specify)       Image: Calegory/ Type         Other (specify)       Image: Calegory/ Type         Other (specify)       Image: Calegory/ Type         Other (specify)       Image: CA         State:       CA         State:       Transaction ID: BC7A01E40ACE3         City       State         Candidate Name Rep. Eddle Bernice Johnson       Tx         Office Sought:       Y House         Disbursement For:       2008         City       Senate         Prupose of Disbursement       Disbursement For:         Candidate Name Rep. Eddle Bernice Johnson       Disbursement For:       2008         City       Senate       Disb												_
American Nurses Association PAC         Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS         Mailing Address       PO BOX 23940         Table of Disbursement CA         State       Zip Code         Santa Barbara       CA         Purpose of Disbursement       Category/ Type         Office Sought:       X House         Disbursement For:       2008         Zandidate Name (Rep. Lois Capps       Disbursement For:         Office Sought:       X House Disbursement For:         State:       CA         Purpose of Disbursement For:       2008         Y = 0 Bistric::       20 0 7         Full Name (Last, First, Middle Initial)       EDDIE BERNICE JOHNSON         Mailing Address       3102 Maple Ave Ste 605         State:       CA         Purpose of Disbursement       Category/ Type         Office Sought:       X House Ste 605         State:       TX         Prepseident       Disbursement For:         QUite Sought:       X House State Congress         Mailing Address       PO Box 2232         Office Sought:       X House President         Mailing Address       PO Box 2232         City       State       Zip Code Purpose of Dis					onon	oonan			500110			
FRIENDS OF LOIS CAPPS       Date of Disbursement Control OPE         Mailing Address       PO BOX 23940         City       State       Zip Code         Santa Barbara       CA       93121         Purpose of Disbursement       Category/         Candidate Name       Disbursement For:       2008         Candidate Name       Disbursement For:       2008         Office Sought:       Mailing Address       Disbursement For:       2008         Office Sought:       Senate       Disbursement For:       2008         Office Sought:       Senate       Disbursement For:       2008         City       State:       Zip Code       Transaction ID: BC7A01E40ACE3         Date of Disbursement       Disbursement For:       2008         Category/       Y <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
Mailing Address       PO BOX 23940         City       State       Zip Code         Santa Barbara       CA       93121         Purpose of Disbursement       Zotogry/ Type         Candidate Name       Disbursement For:       2008         Candidate Name       District: 23       Primary       General         President       Other (specify)       Transaction ID: BC7A01E40ACE3         State:       CA       93121       Amount of Each Disbursement this Pe         State:       CA       District: 23       Transaction ID: BC7A01E40ACE3         Full Name (Last, First, Middle Initial)       Disbursement       Amount of Each Disbursement         Mailing Address       3102 Maple Ave       State       Zip Code         Candidate Name       Tx       75201       Amount of Each Disbursement this Pe         Purpose of Disbursement       Disbursement For:       2008       Transaction ID: B5B23D6C5DB12         Candidate Name       President       Disbursement for:       2008         Purpose of Disbursement       Tit <sup>1</sup> / <sub>2</sub> 2 6 / <sup>1</sup> / <sub>2</sub> 2 0 0 7         State:       TX       75204       Amount of Each Disbursement this Pe         District: 30       Disbursement For:       2008       Amount of Each Disbursement this Pe										6E78	3F6DE4	F568
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Candidate Name       Category/ Type         Office Sough:       X       House       Disbursement For:       2008         Senate       President       Other (specify) ▼       Image: Category/ Type       Transaction ID: BC7A01E40ACE3         State: CA       District: 23       Other (specify) ▼       Image: Category/ Type       Transaction ID: BC7A01E40ACE3         Full Name (Last, First, Middle Initial)       EDDIE BERNICE JOHNSON       Image: Category/ Type       Y 2 0 0 7         Mailing Address       3102 Maple Ave Ste 605       State       Zip Code       Amount of Each Disbursement to:         Candidate Name       Tx       75201       Amount of Each Disbursement to:       2008         Office Sought:       X       House       Disbursement For:       2008         Yerimary       General       Other (specify)       Transaction ID: B5B23D6C5DB12         Office Sought:       X       House       Disbursement for:       2008         Yerimary       General       Other (specify)       Transaction ID: B5B23D6C5DB12         Jenkinstown       PA       19046       Mauling Address       PO Box 2232         City       State       Zip Code       Amount of Each Disbursement this Pe         Jenkinstown       PA       19046       Mount of Eac						Amour	nt of Eac	h Di	sburse	-		iod
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EDDIE BERNICE JOHNSON       Date of Disbursement         Mailing Address       3102 Maple Ave Ste 605         City       State         Dallas       TX         TX       75201         Purpose of Disbursement       Image         Candidate Name       Beneral         President       Disbursement For:         2008       Senate         President       Disbursement For:         Other (specify)       Image         Full Name (Last, First, Middle Initial)         Allyson Schwartz For Congress         Mailing Address       PO Box 2232         City       State         Depressed Disbursement         Category/         Type         Mailing Address       PO Box 2232         City       State         Jenkinstown       PA         Purpose of Disbursement       Category/         Candidate Name       Rep. Allyson Y. Schwartz         Office Sought:       House       Disbursement For:         2008       Category/         Type       Category/         Type       Total of Each Disbursement this Pe         Office Sought:       House       Disbursement For:         Other (sp	Senate President	X Primary General										
Mailing Address       3102 Maple Ave Ste 605         City       State       Zip Code         Dallas       TX       75201         Purpose of Disbursement       Category/ Type         Candidate Name Rep. Eddie Bernice Johnson       Disbursement For:       2008         Office Sought:       X House Senate       Disbursement For:       2008         Y Primary       General       Other (specify)       Transaction ID: B5B23D6C5DB12         Datiling Address       PO Box 2232       Transaction ID: B5B23D6C5DB12       Date of Disbursement this Pe         Mailing Address       PO Box 2232       Transaction ID: B5B23D6C5DB12       Date of Disbursement         City       State       Zip Code       Amount of Each Disbursement         Mailing Address       PO Box 2232       City       Zip Code         City       State       Zip Code       Amount of Each Disbursement this Pe         Purpose of Disbursement       Category/ Type       Type       Mailing Address         Office Sought:       X House       Disbursement For:       2008         General       Other (specify)       Type       Amount of Each Disbursement this Pe         Office Sought:       X House       Disbursement For:       2008         Senate       Preside						Date o	of Disbur	seme		1E4(	DACE34	I3E2
City       State       Zip Code         Dallas       TX       75201         Purpose of Disbursement       1000.00         Candidate Name       Category/         Rep. Eddie Bernice Johnson       Disbursement For:       2008         Office Sought:       X       House       Disbursement For:       2008         State: TX       District: 30       Other (specify)       ✓       Full Name (Last, First, Middle Initial)         Allyson Schwartz For Congress       Mailing Address       PO Box 2232       Transaction ID: B5B23D6C5DB12         City       State       Zip Code       Amount of Each Disbursement this Pe         Jenkinstown       PA       19046       Pa         Purpose of Disbursement       Category/       Y 2 0 0 7         City       State       Zip Code         Jenkinstown       PA       19046         Purpose of Disbursement       Category/         Candidate Name       Category/       Type         Office Sought:       X       House       Disbursement For:       2008         Senate       President       Other (specify)        Amount of Each Disbursement this Pe         Office Sought:       X       House       Disbursement For:       20												
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в.	Full Name (Last, First, Middle Initial) Ms. Nancy Jorn				Date of Disbursem	
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