

American Nurses Association PAC

8515 Georgia Avenue

Suite 400

Silver Spring

MD

20910-3492

FEC ID No. C00017525

☒ 24-Hour Notice ☐ 48-Hour Notice

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 1 / 3

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
American Nurses Association PAC

FEC IDENTIFICATION NUMBER

C C00017525

Check if ☒ 24-hour notice ☐ 48-hour notice

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

American Nurses Association

Date

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

Amount

6800.00

Mailing Address

8515 Georgia Ave

Ste 400

City

Silver Spring

State

MD

Zip Code

20910

Purpose of Expenditure

webpages

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: E783E399DCEC04E54A9F

Calendar Year-To-Date Per Election

10930.05

for Office Sought

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

American Nurses Association

Date

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

Amount

120.00

Mailing Address

8515 Georgia Ave

Ste 400

City

Silver Spring

State

MD

Zip Code

20910

Purpose of Expenditure

webpage labor for 4
hoursCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2008☐ Other (specify) : _____

Transaction ID: E5594ECE981644BEEBEA

Calendar Year-To-Date Per Election

10930.05

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures

6920.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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

Mary Behrens

Signature

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

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 2 / 3
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Nurses Association PAC		FEC IDENTIFICATION NUMBER C C00017525	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Logomotion		Date M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8	
Mailing Address 7300 Pearl St Ste 200		Amount 2893.45	
City Bethesda	State MD	Zip Code 20814-3357	
Purpose of Expenditure shipping for yard signs for Clinton		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Rodham Clinton		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: E7A4072F11A64492B94D	
Full Name (Last, First, Middle, Initial) of Payee Logomotion		Date M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8	
Mailing Address 7300 Pearl St Ste 200		Amount 978.07	
City Bethesda	State MD	Zip Code 20814-3357	
Purpose of Expenditure yard signs for Clinton		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Rodham Clinton		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: EA712C051D9444B77AAF	

(a) SUBTOTAL of Itemized Independent Expenditures	3871.52
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mary Behrens Signature	M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

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☐ 24-Hour Notice ☐ 48-Hour NoticeSCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE OF 3 / 3
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NAME OF COMMITTEE (In Full) American Nurses Association PAC		FEC IDENTIFICATION NUMBER C C00017525	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Logomotion		Date M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8	
Mailing Address 7300 Pearl St Ste 200		Amount 108.53	
City Bethesda	State MD	Zip Code 20814-3357	
Purpose of Expenditure shipping for yard signs for Clinton		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Rodham Clinton		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: EE038D7A1E6784D4E93D	

Full Name (Last, First, Middle, Initial) of Payee American Nurses Association		Date M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8	
Mailing Address 8515 Georgia Ave Ste 400		Amount 30.00	
City Silver Spring	State MD	Zip Code 20910	
Purpose of Expenditure email to 8332 people supporting Clinton		Category/ Type	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Rodham Clinton		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2008 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: E1B2DE8EB1D7A4757906	

(a) SUBTOTAL of Itemized Independent Expenditures	138.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10930.05
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mary Behrens Signature	M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8