

**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

07

01

2008

through

07

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mary Behrens

Signature of Treasurer

Electronically Filed by Mary Behrens

Date

08

20

2008

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		209224.16
(b) Cash on Hand at Beginning of Reporting Period	188050.95	
(c) Total Receipts (from Line 19)	28544.14	286375.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	216595.09	495599.36
7. Total Disbursements (from Line 31)	39054.30	318058.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	177540.79	177540.79
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. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3652.50	43572.50
(i) Itemized (use Schedule A)		
(ii) Unitemized	24840.93	242084.05
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	28493.43	285656.55
(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) ➤	28493.43	285656.55
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	50.71	718.65
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))	28544.14	286375.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28544.14	286375.20

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.....	2529.30	18989.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2529.30	18989.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	285111.90
24. Independent Expenditure (use Schedule E)	0.00	13882.04
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	25.00	75.00
(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))	25.00	75.00
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))..	39054.30	318058.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39054.30	318058.57

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)	28493.43	285656.55
34. Total Contribution Refunds (from Line 28(d))	25.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28468.43	285581.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2529.30	18989.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2529.30	18989.63

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

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

FOR LINE NUMBER: PAGE 6 / 23

(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. Karen S. Cox

Mailing Address 4929 Westwood Rd

City

Kansas City

State

MO

Zip Code

64112-1135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Mercy Hospital

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 8

Transaction ID: AB41A107A57394291A20

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Linda C. DeVries

Mailing Address 7 Snowmound Ct

City

Rockville

State

MD

Zip Code

20850

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeVries & Associates, PSC

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
0 7 / 0 9 / 2 0 0 8

Transaction ID: AE9E62FC197F74014A45

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Patricia Lynn Freier

Mailing Address 3605 45th St

City

Lubbock

State

TX

Zip Code

79413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Medical Center

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
0 7 / 2 3 / 2 0 0 8

Transaction ID: A56274CAED44F43D9955

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 23

(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. Deborah A. Gelski

Mailing Address 195 Monitor St

City

Brooklyn

State

NY

Zip Code

11222-3603

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK CITY HEALTH

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: A1304B07E41FE46258D5

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Gleena S. Gilbert

Mailing Address 359 Fort Washington Ave #41

City

New York

State

NY

Zip Code

10033

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: A64BD39AF671D4196A65

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Rose I. Gonzalez

Mailing Address 3318 Cullers Ct

City

Woodbridge

State

VA

Zip Code

22192-1085

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANA

Occupation
Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: ABEFBD09E509A4887910

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 23

(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. Rebecca Hilgen Bryan

Mailing Address 124 W. Summit Ave

City

Haddonfield

State

NJ

Zip Code

08033-3318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wolfe-Simon Medical Assoc-
iates, P.A.

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: A45B73AE0C9984D13A84

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Ms. Gail M. Holtzman

Mailing Address 6511 Cimarron Circle

City

Anchorage

State

AK

Zip Code

99504-3944

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAA School of Nursing

Occupation
Associate Professor of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: AD148396064B84EFCB2C

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sara L Jarrett

Mailing Address 2751 S. Macon Circle

City

Aurora

State

CO

Zip Code

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 8

Transaction ID: A32AE50DBF7044A9F84F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 23

(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. Berna L. Mayer

Mailing Address 2811 Petro Place

City

Lancaster

State

CA

Zip Code

93536-5872

FEC ID number of contributing
federal political committee.

C

Name of Employer
High Desert Medical Group

Occupation
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
0 7 / 1 6 / 2 0 0 8

Transaction ID: A8239E22DAA164A6C9D5

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Ms. Marie E. McQueen

Mailing Address 6110 W. Dimond Blvd

City

Anchorage

State

AK

Zip Code

99502-4032

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.K. Pacific RIM Counsel-
ing Services

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 Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: AA2D53409A5EB4EA9808

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Donna Marie Nickitas

Mailing Address 15 Center Rd

City

Old Greenwich

State

CT

Zip Code

06870-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
City University of N

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 Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: ADC73317A256B4B4B861

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 23

(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. Linda J Shinn

Mailing Address 9584 Cadbury Circle

City

Indianapolis

State

IN

Zip Code

46260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consensus Magmt Group

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
0 7 / 1 7 / 2 0 0 8

Transaction ID: AB95ACBBC44804662BE8

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Virginia S. Wangerin

Mailing Address 13380 Cedarwood Ave

City

Clive

State

IA

Zip Code

50325-8573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Des Moines Area Community
College

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: AB5366F8134714632817

Amount of Each Receipt this Period

27.50

C.

Full Name (Last, First, Middle Initial)

Ms. Sandra M. Woods

Mailing Address P o Box 771386

City

Eagle River

State

AK

Zip Code

99577-1386

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Alaska

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: A4B13C60C0B6743C78E6

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1227.50

TOTAL This Period (last page this line number only)

3652.50

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

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

FOR LINE NUMBER: PAGE 11 / 23

(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)

Bank of America

Mailing Address PO Box 27025

City

Richmond

State

VA

Zip Code

23261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

706.31

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: A3C0A770E10674752A32

Amount of Each Receipt this Period

50.71

SUBTOTAL of Receipts This Page (optional)

50.71

TOTAL This Period (last page this line number only)

50.71

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 23

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

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

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B6A4448D10C124BB4B48

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2415.81

B.

Full Name (Last, First, Middle Initial)

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: BADEBC0D6D0C04C75AE8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

113.49

SUBTOTAL of Disbursements This Page (optional)

2529.30

TOTAL This Period (last page this line number only)

2529.30

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 23

☐ 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

A. Full Name (Last, First, Middle Initial) Al Green for Congress	Transaction ID: B4DCBCFA923A841A8A20 Date of Disbursement
Mailing Address PO Box 20174 Ste 321	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City Houston State TX Zip Code 77225	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Al Green	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Andre Carson for Congress	Transaction ID: B8F2E1C5F5DF6441D81E Date of Disbursement
Mailing Address 499 S Capitol St SW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003-4047	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Andre Carson for Congress	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Arcuri for Congress	Transaction ID: BBD0231F6A65B4240B98 Date of Disbursement
Mailing Address PO Box 508	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Michael A. Arcuri	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 23

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Christine Jennings For Congres	Transaction ID: B0D6D4D70CAD14DD2823 Date of Disbursement																				
Mailing Address PO Box 49136	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	8												
City Sarasota State FL Zip Code 34230-6136	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>2000.00</td> </tr> </table>																				2000.00
									2000.00												
Candidate Name Christine Jennings For Congres	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					
B. Full Name (Last, First, Middle Initial) Citizens for Harkin	Transaction ID: BFBE443E5D09C48A29B6 Date of Disbursement																				
Mailing Address PO Box 811	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	2		2	0	0	8												
City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td> </tr> </table>																				1000.00
									1000.00												
Candidate Name Sen. Tom Harkin	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:																					
C. Full Name (Last, First, Middle Initial) COMMITTEE FOR BART GORDON, The	Transaction ID: BCD8285C0C7A6434880D Date of Disbursement																				
Mailing Address PO Box 2008	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	0	8												
City Murfreesboro State TN Zip Code 37133	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td> </tr> </table>																				1000.00
									1000.00												
Candidate Name Rep. Bart Gordon	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 06																					

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 23

☐ 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

A.

Full Name (Last, First, Middle Initial)

DAVID WU FOR US CONGRESS

Mailing Address 499 S Capitol St SW Ste 412

City
Washington

State
DC

Zip Code
20003-4009

Purpose of Disbursement

Candidate Name

DAVID WU FOR US CONGRESS

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: B12910FF52FFC4ED080C

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Doggett for Congress

Mailing Address 1157 San Bernard

City
Austin

State
TX

Zip Code
78702

Purpose of Disbursement

Candidate Name

Doggett for Congress

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: B071D1D59B760449D897

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ellsworth For Congress

Mailing Address PO Box 62

City
Evansville

State
IN

Zip Code
47701

Purpose of Disbursement

Candidate Name

Ellsworth For Congress

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: B3DED5A5BE08445669BA

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)

PAGE 16 / 23

☐ 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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 Linden Rd

City Mineola State NY Zip Code 11501

Purpose of Disbursement

Candidate Name
Rep. Carolyn McCarthy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 04

Transaction ID: BE85E0419D6534B6A8D8

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Friends Of Joe Pitts

Mailing Address 1707 Price St #5

City Alexandria State VA Zip Code 22301-1731

Purpose of Disbursement

Candidate Name
Friends Of Joe Pitts

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: District:

Transaction ID: BE053EB15642A4F0AAC2

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Friends of John Barrasso

Mailing Address 406 Virginia Ave

City Alexandria State VA Zip Code 22302

Purpose of Disbursement

Candidate Name
Sen. John Barrasso

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: WY District:

Transaction ID: BCB333B688C174E6389D

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

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 17 / 23

☐ 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

A. Full Name (Last, First, Middle Initial) Gillibrand for Congress	Transaction ID: B54BC0ED141804FC9A58 Date of Disbursement
Mailing Address PO Box 1279	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 8</div> </div>
City Hudson State NY Zip Code 12534	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Gillibrand for Congress	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) James McGovern for Congress	Transaction ID: B74D9BD48DB73440996A Date of Disbursement
Mailing Address PO Box 60405	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City Worcester State MA Zip Code 01606-0405	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. James P. McGovern	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jeff Merkley for Senate	Transaction ID: B6A5BAFF84F964ACDA97 Date of Disbursement
Mailing Address 888 16th St NW Ste 570A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20006-4112	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Jeff Merkley for Senate	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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 18 / 23

☐ 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

A. Full Name (Last, First, Middle Initial) Kay for Congress	Transaction ID: B29A94B1A3B1A4EABBECC Date of Disbursement
Mailing Address PO Box 341263	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 8</div> </div>
City Bethesda State MD Zip Code 20827-1263	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Kay for Congress	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Klein For Congress	Transaction ID: BDD7D31F005304903848 Date of Disbursement
Mailing Address 10 GSt NE Ste 470	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Klein For Congress	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lautenberg for Senate	Transaction ID: B32C7240CD65B43F09EE Date of Disbursement
Mailing Address 236 Massachusetts Ave NE Ste 602	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002-4971	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name Sen. Frank R. Lautenberg	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

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 19 / 23

☐ 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

A.

Full Name (Last, First, Middle Initial)

LOBIONDO FOR CONGRESS

Mailing Address 1707 Prince St #5

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

Candidate Name

Rep. Frank A. LoBiondo

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 02

Transaction ID: B02D34D02B2904CA6B3F

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Loebsack for Congress

Mailing Address PO Box 1457

City
Iowa City

State
IA

Zip Code
52244

Purpose of Disbursement

Candidate Name

Rep. Dave Loebsack

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IA District: 02

Transaction ID: BE9C08D46A1E7400C9F7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MARK UDALL FOR CONGRESS

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: B467CEA0DBE914917966

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 23

☐ 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

A.

Full Name (Last, First, Middle Initial)

Matsui For Congress

Mailing Address PO Box 1738
undefined

City Sacramento State CA Zip Code 95812-1738

Purpose of Disbursement

Candidate Name
Matsui For Congress

Office Sought: ☒ House
☐ Senate
☐ President

State: District:

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

Transaction ID: BAC803D7B96444A5CB4D

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

McNerney for Congress

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95840

Purpose of Disbursement

Candidate Name
McNerney for Congress

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B63DAC0DD175F4E0DADC

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MOORE FOR CONGRESS

Mailing Address PO BOX 14631

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement

Candidate Name
Rep. Dennis W. Moore

Office Sought: ☒ House
☐ Senate
☐ President

State: KS District: 03

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

Transaction ID: BDB3BB62A0896427B812

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 PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 23

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
NEIL ABERCROMBIE FOR CONGRESS

Mailing Address PO Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement

Candidate Name
NEIL ABERCROMBIE FOR CONGRESSCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B2D2468398AC14483A19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Patrick Murphy For Congress

Mailing Address PO Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement

Candidate Name
Patrick J. MurphyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: B4D043EE4E8654AAAA9F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PEOPLE FOR ENGLISH

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement

Candidate Name
Rep. Phil EnglishCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: BEE76C7B80CCF47EF914

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

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 PageFOR LINE NUMBER:
(check only one)

PAGE 22 / 23

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

PETER DEFAZIO FOR CONGRESS

Mailing Address PO Box 1316

City
SpringfieldState
ORZip Code
97477

Purpose of Disbursement

Candidate Name

Rep. Peter A. DeFazio

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 04

Transaction ID: BFCC0AAFD988746F3BBB

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Schauer for Congress

Mailing Address PO Box 100

City
Battle CreekState
MIZip Code
49016-unde

Purpose of Disbursement

Candidate Name

Schauer for Congress

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B56E3902561E74AB19A8

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Tim Johnson For South Dakota

Mailing Address PO Box 1859

City
Sioux FallsState
SDZip Code
57101-1859

Purpose of Disbursement

Candidate Name

Sen. Tim Johnson

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: SD District:

Transaction ID: B116FAF3097964A56BF4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

36500.00

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 23 / 23

<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

A.

Full Name (Last, First, Middle Initial)

Experts Acute

Mailing Address 1 Racetrack Rd Ste B104

City
East Brunswick

State
NJ

Zip Code
08816-3800

Purpose of Disbursement
refund of corp check mistakenly cashed

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B1E4D7D3B747B43CB84A

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

25.00

TOTAL This Period (last page this line number only)

25.00