02/12/2008 00:38

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Nurses Association PAC 8515 Georgia Avenue ADDRESS (number and street) Suite 400 Check if different than previously Silver Spring MD 20910 3492 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00017525 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2007 10 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Behrens Type or Print Name of Treasurer Electronically Filed by Mary Behrens 02 12 2008 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Nurses Association PAC [®] D " D 1.0 0 1 2007 1.0 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 81815.99 January 1 (b) Cash on Hand at 183647.97 Begining of Reporting Period 21312.79 379443.19 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 204960.76 461259.18 6(a) and 6(c) for Column B) 26856.67 283155.09 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 178104.09 178104.09 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on

Schedule C and/or Schedule D)

0.00

10. Debts and Obligations owed 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

^D 3 1

[°] 2 0 0 7

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M M M 1 0 0 1 2 0 0 7 To:

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Co	ntributions (other than loans) From: Individuals/Persons Other		
,	Than Political Committees (i) Itemized (use Schedule A)	4396.83	36059.83
	(ii) Unitemized	16443.25	341429.31
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	20840.08	377489.14
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20840.08	377489.14
	nnsfers From Affiliated/Other	0.00	0.00
3. All	Loans Received	0.00	0.00
	an Repayments Receivedstransparents	0.00	0.00
(C	efunds, Rebates, etc.) arry Totals to Line 37, page 5) funds of Contributions Made	0.00	0.00
	Federal candidates and Other itical Committees	0.00	-886.00
	ner Federal Receipts vidends, Interest, etc.)	472.71	2840.05
-	ansfers 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
	tal Receipts (add Lines 11(d), , 13, 14, 15, 16, 17, and 18(c))	21312.79	379443.19
	tal Federal Receipts btract Line 18(c) from Line 19)	21312.79	379443.19

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISB	URSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Exp	penditures: Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(ii) Nor	n-Federal Share	0.00	0.00
	ederal Operating tures	1356.67	16700.09
	perating Expenditures a)(i), (a)(ii) and (b))	1356.67	16700.09
22. Transfers to A	Affiliated/Other Party		
3. Contributions		0.00	0.00
Federal Cand and Other Po 4. Independent	lidates/Committees	25500.00	265500.00
use Schedul	e E) Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) e F)	0.00	0.00
6. Loan Repaym	nents Made	0.00	0.00
		0.00	0.00
	ontributions To: als/Persons Other litical Committees	0.00	955.00
(b) Political	Party Committees	0.00	0.00
` '	olitical Committees	0.00	0.00
` '	es 28(a), (b), and (c))	0.00	955.00
9. Other Disburg	sements	0.00	0.00
(a) Shared F	tion Activity (2 U.S.C 431(20)) Federal Election Activity		
•	hedule H6) ral Share	0.00	0.00
(ii) "Levi	n" Share	0.00	0.00
	Election Activity Paid Entirely leral Funds	0.00	0.00
• ,	deral Election Activity (add 0(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	sements (add Lines 21(c), 22, 6, 27, 28(d), 29 and 30(c))	26856.67	283155.09
	al Disbursements e 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	26856.67	283155.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures 33. Total Contributions (other than loans) from Line 11(d), page 3)		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	20840.08	377489.14
34.	Total Contribution Refunds (from Line 28(d))	0.00	955.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	20840.08	376534.14
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1356.67	16700.09
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1356.67	16700.09

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may e name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Ms. Janet Moll Mailing Address 5315 Merrimac City Dallas FEC ID number of contributing federal political committee. Name of Employer Visiting Nurse Assoc Receipt For: Primary General Other (specify)		Zip Code 75206-5827 TF NURSING Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 0 1 2 0 0 7 Transaction ID: A2A3C6CD0014A4EB8B3D Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) Dr. Margarete Lieb Zalon Mailing Address 128 Savage Rd City Waymart FEC ID number of contributing federal political committee. Name of Employer Scraton University Receipt For: Primary General Other (specify)	State PA C Occupation Instructor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Ms. Janice Bussert Mailing Address 9427 SW 268th St City Vashon FEC ID number of contributing federal political committee. Name of Employer Vashon Health Center Receipt For: Primary General Other (specify)	State WA C Occupation RN Aggregate	Zip Code 98070-8445	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A5F27B1CED55F48F3B35 Amount of Each Receipt this Period 250.00
F	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Nurses Association PAC	nd Statements may not be sold or used by any pers g the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Debra Hobbins Mailing Address 3913 E Cove Rd City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Veterans Administration Salt Lake City Receipt For: Primary General Other (specify)	State Zip Code UT 84108 C Occupation Advanced Practice RN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Frances J Pulliam Mailing Address 15466 State Hwy U City Bernie FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code MO 63822 C Occupation RN Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Sara A. McCumber Mailing Address 2004 Lackawanna City Superior FEC ID number of contributing federal political committee. Name of Employer Duluth Clinic Receipt For: Primary General Other (specify)	Ave State Zip Code WI 54880-2133 C Occupation Nurse Practitioner Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A38B31841181044519EE Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (option	al)	425.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 22 (check only one) X
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	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Georgina Dennik-Champion Mailing Address 4233 Lookout Trail City Mc Farland FEC ID number of contributing federal political committee. Name of Employer Wisconsin Nurses Association Receipt For: Primary General Other (specify)	State Zip Code WI 53558-9730 C Occupation Executive Director Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Z 2 0 0 7 Transaction ID: A620E1AC25333467998 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Celestine M. Henshaw Mailing Address 3534 Lisbon Ln City Louisville FEC ID number of contributing federal political committee. Name of Employer Nazareth Nursing Home Receipt For: Primary General Other (specify)	State Zip Code KY 40218-1362 C Occupation Nurse Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A5D2C8B49664545A49 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Ann K. Cashion Mailing Address 757 Eaton St City Memphis FEC ID number of contributing federal political committee. Name of Employer University of Tenn Helath Science Cent Receipt For: Primary General Other (specify)	State Zip Code TN 38120-2804 C Occupation RN Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		650.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Nurses Association PAC	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Ellen M. Ladieu Mailing Address PO Box 406 City West Sand Lake FEC ID number of contributing federal political committee. Name of Employer Excelsior College Receipt For: Primary General Other (specify)	State Zip Code NY 12196-0406 C Occupation RN Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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. Name of Employer Professional Perioperative Services, P Receipt For: Primary General Other (specify)	State Zip Code TX 78737-4401 C Occupation RN Aggregate Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A564549C5A32E4DC1A8 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Kathleen A. Ennen Mailing Address 6169 River Sound C City Southport FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code NC 28461-3141 C Occupation RN Aggregate Year-to-Date 2000.00	Date of Receipt M M M / 25 / 2007 Transaction ID: A288C89FD319B45ECB6 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one) 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	Statements may not be sold or used by any person ename 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) Dr. Debra Hatmaker Mailing Address 10 51 Ln Creek Ct City Bishop FEC ID number of contributing federal political committee. Name of Employer GA Nurses Association Receipt For: Primary General Other (specify)	State Zip Code GA 30621-1170 C Occupation Chief Programs Officer Aggregate Year-to-Date 680.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 Zip Code KY 41017-2219 C Occupation RN Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Transaction ID: A825F3097C0CD4A5880 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Ms. Gail Pruett Mailing Address 2648 Burton Rd City Durham FEC ID number of contributing federal political committee. Name of Employer North Carolina Nurses Association Receipt For: Primary General Other (specify)	State Zip Code NC 27704-3811 C Occupation Director of Nursing/Education Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		160.00

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied fror for commercial purpos NAME OF COMMITT American Nurses	EE (In Full)	may not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Ms. Sharon Rainer Mailing Address 22 City Moorestown FEC ID number of co federal political comm Name of Employer NJSNA Receipt For: Primary Other (specify)	, Middle Initial) 1 Union St State NJ ntributing ittee. C Occupa RN Aggree	08057-2339	Date of Receipt 10 29 2007 Transaction ID: AC42732380AD646B6AA Amount of Each Receipt this Period 25.00
Full Name (Last, First Ms. Emma W. Daniell Mailing Address 5 V. City Little Rock FEC ID number of co federal political comm	, Middle Initial) Walnut Valley Dr State AR Intributing ittee.	72211-1837	Date of Receipt M M M / 29 / 2007 Transaction ID: A1E3BBF1ECFD14E4994 Amount of Each Receipt this Period 500.83
Name of Employer Retired Receipt For: Primary Other (specify) Full Name (Last, First Mary M Anderson	General ▼	gate Year-to-Date ▼ 500.83	Date of Receipt
	Occupa RN Aggreç	29406	Transaction ID: AFFFAE4FB881947E4A3 Amount of Each Receipt this Period 511.00
SUBTOTAL of Receipts	This Page (optional)		1036.83
TOTAL This Period (las	t page this line number only)		4396.83

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 22 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
A C	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Nurses Association PAC			
<i>–</i> А.	Full Name (Last, First, Middle Initial) Bank of America			Date of Receipt
	Mailing Address PO Box 27025			10 31 YYYY 2007
	City	State	Zip Code	Transaction ID: A245276FC5EB04F93A8
	Richmond	VA	23261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		469.65
	Name of Employer	Occupatio	n	interest
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1328.58	
— В.	Full Name (Last, First, Middle Initial) Sun Trust Bank			Date of Receipt
	Mailing Address PO Box 622227			10 31 YYYYY 10 31 2007
	City	State	Zip Code	Transaction ID: A03D342D9D848419BA1
	Orlando	Use separate schedule(s) for each category of the purpose of soliciting conducting the name and address of any political committee to solicit contributions from such category of the purpose of soliciting conducting the name and address of any political committee to solicit contributions from such category of the purpose of soliciting conducting the name and address of any political committee to solicit contributions from such category of the purpose of soliciting conducting to the purpose of soliciting conducting conducting the name and address of any political committee to solicit contributions from such category of the purpose of soliciting conducting conducting conducting conducting conductions from such category of the purpose of soliciting conducting con	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	Use separate schedule(s) for each category of the Detailed Summary Page ements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such commitment and address of any political committee to solicit contributions from such commitment and address of any political committee to solicit contributions from such commitment and address of any political committee to solicit contributions from such commitment and address of any political committee to solicit contributions from such commitment and address of any political committee to solicit contributions from such commitment and address of any political committee to solicit contributions from such commitment and address of any political committee to solicit contributions from such commitment and address of any political committee to solicit contributions from such commitment and address of any political committee to solicit contributions from such commitment and address of soliciting contributions from such contributions from such ad	3.06
	Name of Employer	Occupatio	n	Interest
	Receipt For: Primary General Other (specify) ▼	Aggregate	1 1 1 1 1 1 1	

SUBTOTAL of Receipts This Page (optional)	•	472.71
TOTAL This Period (last page this line number only)	<u> </u>	472.71

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		(check o			23	24		25	26
	ny Information copied from such Reports and St for commercial purposes, other than using the r						purpos			ontribu		30
\rangle	NAME OF COMMITTEE (In Full) American Nurses Association PAC											
	Full Name (Last, First, Middle Initial) Sun Trust Bank					Dat	e of D	on ID: B&				
	Mailing Address PO Box 622227					1	0	31		2 () Ď 7	
	City Orlando	State FL	Zip Code 32862-2227			Am	ount o	f Each Dis	sburse			
	Purpose of Disbursement bank fees									3	12.03	3
	Candidate Name				tegory/ Γype	1						
	Senate President	Primary Other (spe	General ecify) ▼									
	State: District: Full Name (Last, First, Middle Initial)							ID D	ND000	\	-7.47	44004
	Bank of America					Dat	e of D	on ID: B2				_
	Mailing Address PO Box 27025					1 ^M	0	31		Ž () Ď 7	Y
	City Richmond	State VA	Zip Code 23261			Am	ount o	f Each Dis	sburse	ement	this P	eriod
	Purpose of Disbursement bank fees			Г		T L				8	57.38	3
	Candidate Name				tegory/ Γγρе	'						
	Office Sought: House Disb Senate President	Primary Other (spe	General ecify) ▼		,, ,,							
	State: District:		· 									
	Full Name (Last, First, Middle Initial) Bank of America Merchant Services					Dat	e of D	on ID: B8	ent			
	Mailing Address PO Box 2485					1 ^M	0 ^M	31		Ž () Ď 7	Y
	City Spokane	State WA	Zip Code 99210-2485			Am	ount o	f Each Dis	sburse	ment	this P	eriod
	Purpose of Disbursement credit card and online lockbox fees									14	41.87	7
	Candidate Name				tegory/ Γype							
	Office Sought: House Disb Senate President	Primary Other (spe	General ecify) ▼		71							
	State: District:		• •									

TOTAL This Period (last page this line number only)

A.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 14/22
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 21b 22 2 27 28a 2	3 24 25 26 8b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Nurses Association PAC			
Full Name (Last, First, Middle Initial)		Transaction	n ID: BF1E1E7B3C4CC453AA6
Sun Trust Bank c/oNOVA Regions Bank	Montgomery	Date of Disk	pursement
Mailing Address 7300 Chapmans Hwy		10 10	31 2007
City KNoxville	State Zip Code TN 37920	Amount of E	ach Disbursement this Period
Purpose of Disbursement credit card fees	Γ		45.39
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	sement For: Primary General Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	45.39
TOTAL This Period (last page this line number only)	•	1356.67

Detailed Summary Page	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate sche		FOR LINE (check only		PAGE 15/22
NAME OF COMMITTEE (in Full) Annerican Nurses Association PAC Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH Mailing Address PO Box 1940 City Phil English Office Sought: X House Berkley For Congress Mailing Address 3069 Conquista Ct City Las Vegas Mailing Address 3069 Conquista Ct City City State: Van District: 03 Full Name (Last, First, Middle Initial) President State: NV District: 01 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Ct City Las Vegas NV B9121 Purpose of Disbursement Cardidate Name Rep. Shelley Berkley Office Sought: X House Senate President State: NV District: 01 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Ct City City City Category' Type Category' Type Category' Type Amount of Each Disbursement this Period Transaction ID: BB832B4D06AEC413 Date of Disbursement Category' Type Transaction ID: BB832B4D06AEC413 Date of Disbursement Category' Type Category' Type Amount of Each Disbursement this Period Transaction ID: BB832B4D06AEC413 Date of Disbursement Category' Type Cate		Detailed Summary	Page	27	28a 28b	28c 29 30b
NAME OF COMMITTEE (in Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH Mailing Address PO Box 1940 City Erie PA 16507 Purpose of Disbursement Cardidate Name Rep. Phil English Office Sought: X House President State: PA District: 03 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Ct City Last Vegas NV 89121 Purpose of Disbursement Cardidate Name Rep. Phil Replish Office Sought: X House Disbursement For: 2008 NV 89121 Purpose of Disbursement Cardidate Name Rep. Shelleg Berkley Office Sought: X House President State: NV District: 03 Amount of Each Disbursement this Period Transaction ID: BD83284D06AEC413I Date of Disbursement Transaction ID: BD83284D06AEC413I Date of Disbursement Transaction ID: BD83284D06AEC413I Date of Disbursement To 10 10 10 10 10 10 10 10 10 10 10 10 10						
Date of Disbursement Mailing Address PO Box 1940	NAME OF COMMITTEE (In Full)	,				
City						
Erie PA 16507 Purpose of Disbursement Candidate Name Rep. Phil English Office Sought:	Mailing Address PO Box 1940				10 /	31 2007
Candidate Name Rep. Phil English Office Sought:					Amount of Each	
Rep. Phil English Office Sought:						1000.00
Senate President State: PA District: 03 Full Name (Last, First, Middle Initial) Berkley For Congress Mailing Address 3069 Conquista Ct City Las Vegas NV 89121 Purpose of Disbursement Candidate Name Rep. Shelley Berkley Office Sought: X House Senate President State: NV District: 01 Full Name (Last, First, Middle Initial) Peter Stark Re-Election Committee Mailing Address PO Box 8331 City State Zip Code Category/ Type Office Sought: X House Disbursement For: 2008 Senate President State: NV District: 01 Full Name (Last, First, Middle Initial) Peter Stark Re-Election Committee Mailing Address PO Box 8331 City State Zip Code CA 94537 Purpose of Disbursement Category/ Type Amount of Each Disbursement Initial Disbursement For: 2008 Senate Date of Disbursement Initial Disbursement Initial Disbursement Initial Date of Disbursement Initial	Rep. Phil English					
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