

# 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  
UNITED AMERICAN NURSES AFL-CIO REGISTERED NURSE POLITICAL ACTION COMMITTEE UAN RN PAC

ADDRESS (number and street) 8515 GEORGIA AVENUE SUITE 625  
 Check if different than previously reported. (ACC)  
SILVER SPRING MD 20910

2. **FEC IDENTIFICATION NUMBER** C00446237  
**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 09 30 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 Michael Nilsson

Signature of Treasurer Electronically Filed by Michael Nilsson Date 10 12 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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

UNITED AMERICAN NURSES AFL-CIO REGISTERED NURSE POLITICAL ACTION COMMITTEE UAN  
RN PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">7477.23</td></tr></table>	7477.23										
7477.23												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">1770.00</td></tr></table>	1770.00	<table border="1" style="width: 100%;"><tr><td align="right">10317.31</td></tr></table>	10317.31								
1770.00												
10317.31												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">9247.23</td></tr></table>	9247.23	<table border="1" style="width: 100%;"><tr><td align="right">10317.31</td></tr></table>	10317.31								
9247.23												
10317.31												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">1652.83</td></tr></table>	1652.83	<table border="1" style="width: 100%;"><tr><td align="right">2722.91</td></tr></table>	2722.91								
1652.83												
2722.91												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">7594.40</td></tr></table>	7594.40	<table border="1" style="width: 100%;"><tr><td align="right">7594.40</td></tr></table>	7594.40								
7594.40												
7594.40												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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**

Write or Type Committee Name

UNITED AMERICAN NURSES AFL-CIO REGISTERED NURSE POLITICAL ACTION COMMITTEE UAN  
RN PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
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	650.00	5092.00
(i) Itemized (use Schedule A) .....	1120.00	5225.31
(ii) Unitemized .....	1770.00	10317.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	1770.00	10317.31
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.) .....	0.00	0.00
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)) .....	1770.00	10317.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1770.00	10317.31

**DETAILED SUMMARY PAGE**

of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	152.83	1222.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	152.83	1222.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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)) .....	0.00	0.00
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))..	1652.83	2722.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1652.83	2722.91

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	1770.00	10317.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1770.00	10317.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	152.83	1222.91
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	152.83	1222.91

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 11  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UNITED AMERICAN NURSES AFL-CIO REGISTERED NURSE POLITICAL ACTION COMMITTEE UAN  
RN PAC

**A.**

Full Name (Last, First, Middle Initial)  
Bernadine Engeldorf

Mailing Address 1225 Belmont Lane East

City State Zip Code  
Maplewood MN 55109

FEC ID number of contributing federal political committee. **C**

Name of Employer United Hospital Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4284

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 5333 SW 75th Street

City State Zip Code  
Gainesville FL 32608

FEC ID number of contributing federal political committee. **C**

Name of Employer UFI Occupation Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4283

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Margaret Shanks

Mailing Address 4815 Guildford Road

City State Zip Code  
College Park MD 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's National Medical Ct Occupation Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.4273

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 11  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
 UNITED AMERICAN NURSES AFL-CIO REGISTERED NURSE POLITICAL ACTION COMMITTEE UAN  
 RN PAC

**A.** Full Name (Last, First, Middle Initial)  
 Linda Slattengren

Mailing Address 1675 Juliet

City State Zip Code  
 St. Paul MN 55105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United Hospital Registered Nurse

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2008

Transaction ID: SA11AI.4280

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	650.00

# 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)

<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)

UNITED AMERICAN NURSES AFL-CIO REGISTERED NURSE POLITICAL ACTION COMMITTEE UAN RN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address PO Box 62227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Banking Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4313 Date of Disbursement 07 / 10 / 2008
	Amount of Each Disbursement this Period 35.00
	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address PO Box 62227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Banking Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4314 Date of Disbursement 07 / 21 / 2008
	Amount of Each Disbursement this Period 15.96
	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address PO Box 62227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Banking Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4315 Date of Disbursement 08 / 11 / 2008
	Amount of Each Disbursement this Period 35.00
	Category/Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

85.96

**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)

<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)

UNITED AMERICAN NURSES AFL-CIO REGISTERED NURSE POLITICAL ACTION COMMITTEE UAN RN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address PO Box 62227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Banking Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4316 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 16.64
	Category/ Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address PO Box 62227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Banking Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4317 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 35.00
	Category/ Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust <hr/> Mailing Address PO Box 62227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Banking Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.4318 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 15.23
	Category/ Type 001
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

66.87

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

152.83

# 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)

<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)

UNITED AMERICAN NURSES AFL-CIO REGISTERED NURSE POLITICAL ACTION COMMITTEE UAN RN PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALASKANS FOR DON YOUNG INC.</p> <p>Mailing Address 2504 Fairbanks Street</p> <p>City Anchorage State AK Zip Code 99503</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name DONALD E YOUNG</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4295</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BURT SAUNDERS FOR US CONGRESS</p> <p>Mailing Address PO BOX 07221</p> <p>City FORT MYERS State FL Zip Code 33919</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name BURT SAUNDERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4310</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MADIA FOR U S CONGRESS</p> <p>Mailing Address P.O. Box 2459</p> <p>City Maple Grove State MN Zip Code 55311</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JIGAR ASHWIN MADIA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4304</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

750.00

**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)

<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)

UNITED AMERICAN NURSES AFL-CIO REGISTERED NURSE POLITICAL ACTION COMMITTEE UAN RN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) SARVI, STEPHEN TODD <hr/> Mailing Address 400 ORTLOFF TRAIL <hr/> City WATERTOWN State MN Zip Code 55388 <hr/> Purpose of Disbursement Contribution Candidate Name STEPHEN TODD SARVI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4301 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Mahoney for Florida <hr/> Mailing Address 4114 Northlake Blvd Ste 300 <hr/> City Palm Beach Gardens State FL Zip Code 33410 <hr/> Purpose of Disbursement Contribution Candidate Name TIM MAHONEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4298 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) TINKLENBERG FOR CONGRESS <hr/> Mailing Address 9298 CENTRAL AVE NE <hr/> City BLAINE State MN Zip Code 55434 <hr/> Purpose of Disbursement Contribution Candidate Name ELWYN GLENN TINKLENBERG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4307 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

750.00

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

1500.00