

# 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** 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 04 01 2009 through 04 30 2009

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 Mrs. Mary L. Behrens

Signature of Treasurer Electronically Filed by Mrs. Mary L. Behrens Date 05 20 2009

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**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		68149.75
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	23549.18									
(c) Total Receipts (from Line 19) .....	44323.78	117243.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	67872.96	185393.48								
7. Total Disbursements (from Line 31) .....	7249.98	124770.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	60622.98	60622.98								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	1740.00	8910.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	42581.09	108319.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	44321.09	117229.02
(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) .....	44321.09	117229.02
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.) .....	2.69	14.71
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)) .....	44323.78	117243.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44323.78	117243.73

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	3249.98	10720.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3249.98	10720.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	114000.00
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	50.00
(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	50.00
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))..	7249.98	124770.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7249.98	124770.50

**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) .....	44321.09	117229.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44321.09	117179.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3249.98	10720.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3249.98	10720.50

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

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

FOR LINE NUMBER: PAGE 6 / 10  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
American Nurses Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Karen S. Cox

Mailing Address 4929 Westwood Rd

City State Zip Code  
Kansas City MO 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 ▼ 250.00

Date of Receipt: 04 / 01 / 2009  
Transaction ID: ABE1A3B97A900450989F  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Debra D. Hatmaker

Mailing Address 10 51 Lake Creek Ct

City State Zip Code  
Bishop GA 30621

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

Name of Employer: GA Nurses Association   Occupation: RN

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 07 / 2009  
Transaction ID: ADDC0620F4D21496DACF  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Caroline S. Craddock

Mailing Address 14707 Stagecoach Rd

City State Zip Code  
Magnolia TX 77355-8408

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

Name of Employer: Information Requested   Occupation: RN

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 21 / 2009  
Transaction ID: A8A5D0134EA9F4D15AB9  
Amount of Each Receipt this Period: 240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1490.00

**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 / 10	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
American Nurses Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Louise C. Lovering		Date of Receipt	
	Mailing Address PO Box 36		M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9	
	City Canaan	State VT	Zip Code 05903-0036	
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AEAEA135C12AE4DD990F	
	Name of Employer Retired		Occupation Retired	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 250.00	
		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	1740.00

**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

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)  
American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America Merchant Services <hr/> Mailing Address PO Box 2485 <hr/> City Spokane State WA Zip Code 99210-2485 <hr/> Purpose of Disbursement credit card and online lockbox fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BFD2B5F9842AA4D2296D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 239.43
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 27025 <hr/> City Richmond State VA Zip Code 23261 <hr/> Purpose of Disbursement bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B9FC61150E7F6416190D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 3010.55
	Category/ Type
	Category/ Type

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

3249.98

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

3249.98



# 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

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)  
American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite <hr/> Mailing Address 2501 Wisconsin Ave NW Ste 304 <hr/> City Washington State DC Zip Code 20007-4543 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Ginny Brown-Waite <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7CB136992A204AF0A23 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Griffith for Congress <hr/> Mailing Address 499 S Capitol St SW Ste 404 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Parker Griffith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6D82B96E9B224270AE4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Castor For Congress <hr/> Mailing Address 301 W Platt St #385 <hr/> City Tampa State FL Zip Code 33606-2292 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Kathy Castor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0E9B5215F57840C5AA6 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <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 10 / 10

<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

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)  
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)  
FEINGOLD FOR SENATE

Transaction ID: B13257D685BE24711BOC

Date of Disbursement

Mailing Address PO Box 620062

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	9

City Middleton State WI Zip Code 53562

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

Category/  
Type

Candidate Name  
Sen. Russell D. Feingold

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District:

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

1000.00

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

4000.00