

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 07 01 2006 through 07 31 2006

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 Foley

Signature of Treasurer Electronically Filed by Mary Foley Date 10 26 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		98522.63
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	174663.38									
(c) Total Receipts (from Line 19)	80734.08	368665.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	255397.46	467188.60								
7. Total Disbursements (from Line 31)	15956.23	227747.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	239441.23	239441.23								
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**

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	21710.00	46525.17
(i) Itemized (use Schedule A)	58606.55	319241.69
(ii) Unitemized	80316.55	365766.86
(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)	80316.55	365766.86
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	417.53	1899.11
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))	80734.08	368665.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	80734.08	368665.97

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.....	2456.23	14417.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2456.23	14417.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	187086.30
24. Independent Expenditure (use Schedule E)	0.00	25943.90
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	300.00
(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	300.00
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))..	15956.23	227747.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15956.23	227747.37

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)	80316.55	365766.86
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80316.55	365466.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2456.23	14417.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2456.23	14417.17

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 42
	(check only one)	
<input 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 checked="" 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

A. Full Name (Last, First, Middle Initial)
Sun Trust Bank

Mailing Address PO Box 85024

City Richmond State VA Zip Code 23285-5054

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1899.11

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2006

Transaction ID: 24475201

Amount of Each Receipt this Period
417.53

Bank Interest

SUBTOTAL of Receipts This Page (optional)	▶	417.53
TOTAL This Period (last page this line number only)	▶	417.53

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Mary Beth Mathews		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 1249 Boulevard		Transaction ID: 24657907
City West Hartford	State CT	Zip Code 06119-1603
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer UNIV OF HARTFORD	Occupation CHAIR DIVISION OF NURSING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ms. Lovetta R. Blanke		Date of Receipt MM / DD / YYYY 07 / 25 / 2006
Mailing Address 6512 Colony Cove Ct		Transaction ID: 24658082
City Dayton	State OH	Zip Code 45459-1922
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Retired	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Alexia E. Green		Date of Receipt MM / DD / YYYY 07 / 24 / 2006
Mailing Address 5 South Lakeshore Dr		Transaction ID: 24658124
City Ransom Canyon	State TX	Zip Code 79366-2400
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Texas Tech University Health Science C	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Judith Huntington		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 12816 SE 243rd Street		Transaction ID: 24658131
City State Zip Code Kent WA 98030-5083	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer WA State Nurses Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Ms. Gwen C Uman		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006
Mailing Address 3113 Nichols Canyon Rd		Transaction ID: 24658247
City State Zip Code Los Angeles CA 90046-1244	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Vital Research, LLC	Occupation nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Ms. Sue B. Davidson		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 3117 SE Clinton St		Transaction ID: 24658699
City State Zip Code Portland OR 97202-1444	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oregon Nurses Assc	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Patricia Freier		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 3605 45th Street		Transaction ID: 24658710	
City Lubbock	State TX	Zip Code 79413-3418	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Covenant Medical Center	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Sheila A. Abood		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 5857 Wye Oak Commons Ct		Transaction ID: 24658736	
City Burke	State VA	Zip Code 22015-2871	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Nurses Associati- on	Occupation Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. ANN M. NEWMAN		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 5038 Carden Drive		Transaction ID: 24658746	
City Charlotte	State NC	Zip Code 28227-5070	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of North Carol- ina	Occupation Educator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional) ▶	575.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<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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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Veronica Taylor		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 909 Poplar		Transaction ID: 24658754	
City State Zip Code Gillette WY 82716-2131	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Univ of Wyoming Educator	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mrs. Shelly Hebert		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 521 N. Hampton Dr.		Transaction ID: 24658758	
City State Zip Code Shreveport LA 71106	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Law Office of Giakosmitis RN	Aggregate Year-to-Date ▼ 302.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Andrea W. Aughenbaugh		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 3 Grape Run Road		Transaction ID: 24658759	
City State Zip Code Hightstown NJ 08520-3809	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NJ Nurses Assc Director	Aggregate Year-to-Date ▼ 410.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Marie Garwood		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address N2921 County Road K		Transaction ID: 24658761	
City State Zip Code Darien WI 53114-1424	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Nurse Consultant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Audrey C. Ludmer		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 336 East 86th St Apt 2E		Transaction ID: 24658763	
City State Zip Code New York NY 10028-4616	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mt Sinai Hospital Occupation RN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Marion F. Poirier		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 95-584 Naholoholo St		Transaction ID: 24658765	
City State Zip Code Mililani HI 96789-1423	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Epilepsy Foundation of HI Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Rebecca M. Patton

Mailing Address 2027 Lincoln Ave

City State Zip Code
Lakewood OH 44107-6031

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

Name of Employer American Nurses Association
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24658769

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Ms. Linda R. Easterly

Mailing Address 121 Heather Glen Blvd

City State Zip Code
Kathleen GA 31047-2004

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

Name of Employer Houston Healthcare Complex
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24658771

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. HAZEL Browning MOORE

Mailing Address 3960 Bell Road

City State Zip Code
Fountain NC 27829-9214

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

Name of Employer North Carolina Nurses Assn
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
07 / 10 / 2006

Transaction ID: 24658773

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Karen A. Ballard		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 22 W 77TH ST APT 36		Transaction ID: 24658775
City State Zip Code NEW YORK NY 10024-5155	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer New York State Nurses Ass-oc.	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Ms. Ingrid P. Pearson		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 1301 NATIONAL DR		Transaction ID: 24658779
City State Zip Code MT PLEASANT SC 29466-8972	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MUSC College of Nursing	Occupation Asst Prof Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Sara L. Jarrett		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 2751 S Macon Circle		Transaction ID: 24658783
City State Zip Code Aurora CO 80014-3027	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Regis University	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Catherine M. Smrcina

Mailing Address 409 Ascot Lane

City State Zip Code
Oak Brook IL 60523-2551

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

Name of Employer Occupation
Shriners Hosp Chicago Director of Patient Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24658785

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Katheren Koehn

Mailing Address 75 Ashland Avenue

City State Zip Code
Saint Paul MN 55104-7120

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

Name of Employer Occupation
Abbott Northwestern Hospital RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24658792

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SUSAN E KING

Mailing Address 4712 SW Flower Court

City State Zip Code
PORTLAND OR 97221-2928

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

Name of Employer Occupation
OR Nurses Assn. Administrator of Professional Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24658794

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lola M. Fehr

Mailing Address 17 Woodlake Road, #1

City Albany State NY Zip Code 12203-3973

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

Name of Employer New York Nursing Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2006

Transaction ID: 24658796

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Erin P. Murphy

Mailing Address 898 Oceola Ave

City Saint Paul State MN Zip Code 55105-3208

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

Name of Employer MN Nurses Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2006

Transaction ID: 24658841

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Ms. Linda L. Mink

Mailing Address 2030 Colorado Dr

City Green River State WY Zip Code 82935-6228

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

Name of Employer Memorial Hospital of Sweetwater County Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2006

Transaction ID: 24658843

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Marylee Pakieser		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 1230 Randall Ct		Transaction ID: 24658845	
City State Zip Code Traverse City MI 49686-2859	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Rising Star Wellness Center	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Ms. Linda J. Gobis		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 2239 Sunrise Drive		Transaction ID: 24658849	
City State Zip Code Appleton WI 54914-8756	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Janice M. Viola		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 19 MONELL AVE		Transaction ID: 24658851	
City State Zip Code POUGHKEEPSIE NY 12603-4613	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Eleanor Incalcaterra

Mailing Address 600 Pierrepont Ave

City Middlesex State NJ Zip Code 08846-2093

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

Name of Employer Requested 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 Y
07 / 10 / 2006

Transaction ID: 24658855

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Bernadine M. Engeldorf

Mailing Address 1225 Belmont Lane

City Maplewood State MN Zip Code 55109-3406

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

Name of Employer Requested 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 Y
07 / 10 / 2006

Transaction ID: 24658867

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Selinda D. Barker

Mailing Address 3211a Big Woods Road

City Chapel Hill State NC Zip Code 27517-7654

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

Name of Employer Requested 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 Y
07 / 10 / 2006

Transaction ID: 24658869

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Ms. MARGARET C WILMOTH		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 7713 Harrington Woods Road		Transaction ID: 24658875
City State Zip Code Charlotte NC 28269-0777	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Requested Occupation Visiting Asst. Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Ms. Rose Marie Martin		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 860 Claycross Ct		Transaction ID: 24658883
City State Zip Code Galloway OH 43119-8829	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Arthur James Cancer Hospital Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Ms. Linda R. Easterly		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 121 Heather Glen Blvd		Transaction ID: 24658885
City State Zip Code Kathleen GA 31047-2004	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Houston Healthcare Complex Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. VERNA GARCIA		Date of Receipt MM / DD / YYYY 07 / 10 / 2006
Mailing Address PO Box 583		Transaction ID: 24658892
City St. Croix	State VI	Zip Code 00821-0583
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer unemployed	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Cheryl K. Schmidt		Date of Receipt MM / DD / YYYY 07 / 10 / 2006
Mailing Address 320 West Cross St.		Transaction ID: 24658908
City Benton	State AR	Zip Code 72015-3622
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 550.00	
Name of Employer University of Arkansas Medical Services	Occupation Clinical Asst. Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	

Full Name (Last, First, Middle Initial) C. Ms. Rebecca M. Patton		Date of Receipt MM / DD / YYYY 07 / 10 / 2006
Mailing Address 2027 Lincoln Ave		Transaction ID: 24658930
City Lakewood	State OH	Zip Code 44107-6031
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer American Nurses Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	925.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary Jane Williams

Mailing Address 108 Dayton Drive

City State Zip Code
Southington CT 06489-2261

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

Name of Employer Occupation
Central Connecticut State Univ Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24658937

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mr. Glen A. Jett

Mailing Address 7708 McGee

City State Zip Code
Kansas City MO 64114-1943

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

Name of Employer Occupation
Truman Medical Center Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24658971

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
SUSAN E KING

Mailing Address 4712 SW Flower Court

City State Zip Code
PORTLAND OR 97221-2928

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

Name of Employer Occupation
OR Nurses Assn. Administrator of Professional Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24658979

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 42
	<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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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Muriel M. Shore		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 6 Windsor Ct		Transaction ID: 24658981	
City State Zip Code Fairfield NJ 07004-1227	Amount of Each Receipt this Period 325.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Felician College	Occupation Professor Director Div Health Sciences		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) B. Margaret M. Flinter		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 52 Maple Avenue, West		Transaction ID: 24658998	
City State Zip Code Higganum CT 06441-4220	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Community Health Center	Occupation Vice President/Clinical D		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Ms. Rochelle B Mackey		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 391 Hamilton Road		Transaction ID: 24659001	
City State Zip Code Ridgewood NJ 07450-1014	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Private Practice	Occupation Nurse		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	825.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Bernadine M. Engeldorf		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 1225 Belmont Lane		Transaction ID: 24659002	
City State Zip Code Maplewood MN 55109-3406	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Requested Occupation Nurse	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ms. Carolyn Roberts		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 3692 State Highway 14		Transaction ID: 24659011	
City State Zip Code Santa Fe NM 87508-8063	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Requested Occupation Assistant	Aggregate Year-to-Date ▼ 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ms. Anne Bove		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 48-53 45TH ST APT A5		Transaction ID: 24659030	
City State Zip Code WOODSIDE NY 11377-7017	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Requested Occupation Nurse	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	475.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Michele M. Valentino		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 5636 Gray Fox Dr NW		Transaction ID: 24659042
City State Zip Code Canton OH 44718-1479	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Veterans Administration	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Nancy Blume		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 470 Brooks Lake Rd		Transaction ID: 24659047
City State Zip Code Cokato MN 55321-4628	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Minn Dept of Health Svcs for Children	Occupation PhD, Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Marva Wade		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 424 W 110TH ST APT 15A		Transaction ID: 24659054
City State Zip Code NEW YORK NY 10025-2473	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mt. Sinai Medical Center	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Michele P. Campbell		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 1006 Kent Drive		Transaction ID: 24659142	
City State Zip Code Mechanicsburg PA 17050-7607	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer PA State Nurses Assoc	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Michaeline Macecsko		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 226 Richmond Avenue		Transaction ID: 24659149	
City State Zip Code Point Pleasant Bea NJ 08742-2545	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kimball Medical Center	Occupation nurse		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Sara A. Mccumber		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 2004 Lackawanna Ave		Transaction ID: 24659160	
City State Zip Code Superior WI 54880-2133	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Duluth Clinic	Occupation Nurse Practitioner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 42
	<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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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Winifred Z. Kennedy		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 1742 E 21ST ST		Transaction ID: 24659163	
City BROOKLYN	State NY	Zip Code 11229-1515	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Maimonides Medical Center	Occupation Emergency Psychiatry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mr. ERNEST J. GRANT		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 7304 Sunrise Road		Transaction ID: 24659170	
City Chapel Hill	State NC	Zip Code 27514-9058	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of North Carolina Hospital	Occupation Nurse		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Patricia L. Keller		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address N 12241 County Road O		Transaction ID: 24659172	
City Boyceville	State WI	Zip Code 54725-9471	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Luther Hospital	Occupation Nurse		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 42
	<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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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Sara A. Mccumber		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 2004 Lackawanna Ave		Transaction ID: 24659176	
City State Zip Code Superior WI 54880-2133	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Duluth Clinic	Occupation Nurse Practitioner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) B. Ms. Linda E. O'Brien		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 15 CEDAR ST		Transaction ID: 24659178	
City State Zip Code CTR MORICHES NY 11934-2505	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Brookhaven Memorial Hospital	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) C. Ms. Linda E. O'Brien		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 15 CEDAR ST		Transaction ID: 24659179	
City State Zip Code CTR MORICHES NY 11934-2505	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Brookhaven Memorial Hospital	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Paula Stearns

Mailing Address 7670 W 10th Avenue

City State Zip Code
Lakewood CO 80214-4102

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

Name of Employer Colorado Nurses Association
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24659181

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Sandra H. Bryan

Mailing Address 8290 Muellen Dr

City State Zip Code
Easton MD 21601-6974

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

Name of Employer Shore Health
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
07 / 10 / 2006

Transaction ID: 24659183

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Cathalene M. Teahan

Mailing Address PO Box 1258

City State Zip Code
Snellville GA 30078-1258

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

Name of Employer self employed
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
07 / 10 / 2006

Transaction ID: 24659184

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 42
	<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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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Joyce A Cox		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 1410 Pinecrest Dr		Transaction ID: 24659191	
City State Zip Code Lancaster OH 43130-1149	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dr. Steven D Cox	Occupation Nurse		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Elaine Williams		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 12228 S Princeton Ave		Transaction ID: 24659195	
City State Zip Code Chicago IL 60628-6518	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cook County Hospital	Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mr. William R. Donovan		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 439 16TH ST APT 3R		Transaction ID: 24659197	
City State Zip Code BROOKLYN NY 11215-8802	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Requested	Occupation Systems Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Bonnie L. Faherty		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 18175 Andrea Circle N#4		Transaction ID: 24659207	
City Northridge	State CA	Zip Code 91325-1158	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation nurse		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Ms. Kathryn M. Lillesand		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 1766 Fordem Ave #302		Transaction ID: 24659210	
City Madison	State WI	Zip Code 53704-7140	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Nursing Productions of America	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. Ms. Maria L. Talamo		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006	
Mailing Address 711 Jagged Rock Road		Transaction ID: 24659211	
City Cedar Park	State TX	Zip Code 78613-3214	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Requested	Occupation Chief Nursing Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	475.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 42
	<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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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Elissa E. Brown		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 15651 Dickens Street, #115		Transaction ID: 24659212
City State Zip Code Encino CA 91436-3101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Veterans Affairs Nursing Center of Sep	Occupation Clinical Nurse Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Peter T. Mitchell		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 1448 Berkeley Ave		Transaction ID: 24659213
City State Zip Code Saint Paul MN 55105-2423	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer DEPT OF VETERANS AFFAIRS	Occupation nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ms. Rebecca M. Patton		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 2027 Lincoln Ave		Transaction ID: 24659215
City State Zip Code Lakewood OH 44107-6031	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer American Nurses Association	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Mary Anne Schultz		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 444 Browning St		Transaction ID: 24659216
City Upland State CA Zip Code 91784-1321	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of California Los Angeles	Occupation Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) B. Dr. Mary M. Germain		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 15 Washington Street		Transaction ID: 24659224
City Rocky Hill State NJ Zip Code 08553-1029	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer University of New York School of Nursing	Occupation Instructor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Ms. Kathryn V. Hall		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 6215 Chesworth Rd.		Transaction ID: 24659234
City Catonsville State MD Zip Code 21228-2720	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Maryland Nurses	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	775.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Linda L. Lazure

Mailing Address 2321 Country Club Ave

City State Zip Code
Omaha NE 68104-4253

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

Name of Employer Occupation
Creighton University Assoc. Professor/Dean

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: 24659237

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Polly T. Barey

Mailing Address 11 E Main St

City State Zip Code
Portland CT 06480-1845

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

Name of Employer Occupation
Connecticut Nurses Association Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: 24659238

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Frances E. Beall

Mailing Address 152 South Burson Ave

City State Zip Code
Bogart GA 30622-2005

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

Name of Employer Occupation
University of Georgia Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: 24659239

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Debbie J. Thompson

Mailing Address 2922 Yale Drive

City Anchorage State AK Zip Code 99508-4460

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

Name of Employer Providence Alaska Medical Center 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 Y
 07 / 10 / 2006

Transaction ID: 24659240

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Jacqueline S. Pflaum

Mailing Address 601 East 10th Ave

City Anchorage State AK Zip Code 99501-3707

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

Name of Employer University of Alaska Occupation Educator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2006

Transaction ID: 24659241

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mr. Gordon B. Natal

Mailing Address 5447 Marcia Ave

City New Orleans State LA Zip Code 70124-1052

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

Name of Employer Touro Infirmary Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 10 / 2006

Transaction ID: 24659243

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Robin Potter-Kimball

Mailing Address 13132 St. Andrews Dr.

City State Zip Code
Oklahoma City OK 73120-8528

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

Name of Employer Occupation
Bethany Pavilion RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24659246

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ms. Nancy J. McConnell

Mailing Address 2816 Tyson Place

City State Zip Code
Louisville KY 40218-1622

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

Name of Employer Occupation
Jefferson Cmty College Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24659247

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joseph Raymond Krafft

Mailing Address 895 Goshen Rd.

City State Zip Code
Cape May Court Hou NJ 08210-1318

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

Name of Employer Occupation
Burdette Tomlin Hospital Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24659248

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Full Name (Last, First, Middle Initial) A. Ms. Laurie A. Badzek		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 245 Breezy Dr		Transaction ID: 24659250
City State Zip Code Morgantown WV 26501-2210	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer West Virginia Univ School of Nursing	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Georgina Dennik-Champion		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 4233 Lookout Trail		Transaction ID: 24659251
City State Zip Code Mc Farland WI 53558-9730	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wisconsin Nurses Association	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Debra D. Hatmaker		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 10 51 Lane Creek Ct		Transaction ID: 24659253
City State Zip Code Bishop GA 30621-1170	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GA Nurses Association	Occupation CHIEF PROGRAMS OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional) ▶	585.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 36 / 42	
	(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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lauren E. Duh

Mailing Address 303 Manalapan Road

City State Zip Code
Spotswood NJ 08884-1835

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

Name of Employer Occupation
Garden State Medical Group nurse

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2006

Transaction ID: 24659258

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	21710.00

**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)

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<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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank		Transaction ID: 24475200 Date of Disbursement
Mailing Address PO Box 85024		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23285-5054
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period <input type="text" value="1762.09"/>
Candidate Name		<input type="text" value="001"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Bank Fees	

Full Name (Last, First, Middle Initial) B. Sun Trust Bank, c/o NOVA Regions Bank Montgomery,		Transaction ID: 24475198 Date of Disbursement
Mailing Address 7300 Chapmans Highway		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2006"/>
City Knoxville	State TN	Zip Code 37920
Purpose of Disbursement Credit Card Fees		Amount of Each Disbursement this Period <input type="text" value="694.14"/>
Candidate Name		<input type="text" value="001"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Credit Card Fees	

SUBTOTAL of Disbursements This Page (optional) ►

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)

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<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

Full Name (Last, First, Middle Initial) A. Friends Of John Barrow		Transaction ID: 24475172 Date of Disbursement 07 / 18 / 2006
Mailing Address 2141 B West Broad St		Amount of Each Disbursement this Period 1000.00 candidate contribution
City Athens State GA Zip Code 30606	011 Category/ Type	
Purpose of Disbursement candidate contribution Candidate Name Mr. John Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary		

Full Name (Last, First, Middle Initial) B. PETER DEFAZIO FOR CONGRESS		Transaction ID: 24475160 Date of Disbursement 07 / 12 / 2006
Mailing Address PO BOX 1316		Amount of Each Disbursement this Period 1000.00 candidate contribution
City SPRINGFIELD State OR Zip Code 97477	011 Category/ Type	
Purpose of Disbursement candidate contribution Candidate Name Peter A. DeFazio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 4 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General		

Full Name (Last, First, Middle Initial) C. FEINSTEIN FOR SENATE		Transaction ID: 24475153 Date of Disbursement 07 / 12 / 2006
Mailing Address 10350 SANTA MONICA BLVD.		Amount of Each Disbursement this Period 1500.00 candidate contribution
City LOS ANGELES State CA Zip Code 90025	011 Category/ Type	
Purpose of Disbursement candidate contribution Candidate Name Dianne Feinstein		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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

Full Name (Last, First, Middle Initial) A. KAY GRANGER CAMPAIGN FUND		Transaction ID: 24475186 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address PO BOX 17447		Amount of Each Disbursement this Period 1000.00
City FORT WORTH State TX Zip Code 76102-0447	011 Category/ Type	
Purpose of Disbursement candidate contribution Candidate Name Kay Granger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	candidate contribution

Full Name (Last, First, Middle Initial) B. LOBIONDO FOR CONGRESS		Transaction ID: 24475157 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address PO BOX 550		Amount of Each Disbursement this Period 1000.00
City VINELAND State NJ Zip Code 08362	011 Category/ Type	
Purpose of Disbursement candidate contribution Candidate Name Frank A. Lobiondo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	candidate contribution

Full Name (Last, First, Middle Initial) C. MALONEY FOR CONGRESS		Transaction ID: 24475170 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 24 EAST 93RD ST SUITE 4B		Amount of Each Disbursement this Period 1000.00
City NEW YORK State NY Zip Code 10128	011 Category/ Type	
Purpose of Disbursement candidate contribution Candidate Name Carolyn B. Maloney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	candidate contribution

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)

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<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

Full Name (Last, First, Middle Initial) A. Moore For Congress		Transaction ID: 24475190 Date of Disbursement 07 / 26 / 2006
Mailing Address PO Box 16646		Amount of Each Disbursement this Period 1000.00 candidate contribution
City Milwaukee	State WI Zip Code 53216	
Purpose of Disbursement candidate contribution Candidate Name Rep. Gwen Moore Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) B. PELOSI FOR CONGRESS		Transaction ID: 24475183 Date of Disbursement 07 / 26 / 2006
Mailing Address 1 BUSH ST SUITE 1100		Amount of Each Disbursement this Period 1000.00 candidate contribution
City SAN FRANCISCO	State CA Zip Code 94104	
Purpose of Disbursement candidate contribution Candidate Name Nancy Pelosi Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

Full Name (Last, First, Middle Initial) C. EARL POMEROY FOR CONGRESS		Transaction ID: 24475185 Date of Disbursement 07 / 26 / 2006
Mailing Address PO BOX 75214		Amount of Each Disbursement this Period 1000.00 candidate contribution
City WASHINGTON	State DC Zip Code 20013-5214	
Purpose of Disbursement candidate contribution Candidate Name Earl Pomeroy Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

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)

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<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

Full Name (Last, First, Middle Initial) A. Mike Ross For Congress Committee		Transaction ID: 24475171 Date of Disbursement 07 / 12 / 2006	
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1000.00	
City Prescott State AR Zip Code 71857	Purpose of Disbursement candidate contribution Candidate Name Rep. Michael Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	Category/ Type 011 candidate contribution

Full Name (Last, First, Middle Initial) B. Schultz Debbie Wasserman		Transaction ID: 24475167 Date of Disbursement 07 / 12 / 2006	
Mailing Address 4479 Foxglove Ln		Amount of Each Disbursement this Period 1000.00	
City Weston State FL Zip Code 33331	Purpose of Disbursement candidate contribution Candidate Name Debbie Schultz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	Category/ Type 011 candidate contribution

Full Name (Last, First, Middle Initial) C. Simmons For Congress		Transaction ID: 24475187 Date of Disbursement 07 / 26 / 2006	
Mailing Address P.O. Box 268 Drawer 271 P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1000.00	
City Stonington State CT Zip Code 06378	Purpose of Disbursement candidate contribution Candidate Name Rep. Robert Simmons Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	Category/ Type 011 candidate contribution

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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

Full Name (Last, First, Middle Initial)
A. PETE STARK FOR CONGRESS

Mailing Address PO BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
candidate contribution

Candidate Name
Fortney Pete Stark

Office Sought: House
 Senate
 President

State: CA District: 13

Disbursement For: 2006
 Primary General
 Other (specify) ▼
2006 General

011
Category/
Type

Transaction ID: 24475182

Date of Disbursement

07 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

candidate contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

13500.00