

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)
CITY **STATE** **ZIP CODE**

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 05 01 2009 through 05 31 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 06 18 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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

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	60622.98									
(c) Total Receipts (from Line 19)	31863.66	149107.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92486.64	217257.14								
7. Total Disbursements (from Line 31)	42255.64	167026.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50231.00	50231.00								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

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	1209.33	10119.33
(i) Itemized (use Schedule A)		
(ii) Unitemized	30650.51	138969.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31859.84	149088.86
(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)	31859.84	149088.86
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.82	18.53
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))	31863.66	149107.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31863.66	149107.39

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.....	2725.64	13446.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2725.64	13446.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39500.00	153500.00
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	30.00	80.00
(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))	30.00	80.00
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))..	42255.64	167026.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42255.64	167026.14

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)	31859.84	149088.86
34. Total Contribution Refunds (from Line 28(d))	30.00	80.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31829.84	149008.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2725.64	13446.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2725.64	13446.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<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	

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. Sara McCumber

Mailing Address 2004 Lackawanna Ave

City Superior State WI Zip Code 54880-2133

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

Name of Employer Duluth Clinic Occupation Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 01 / 2009

Transaction ID: A6711A9F6BFA145F7865

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Judith A Huntington

Mailing Address 12816 SE 243rd St

City Kent State WA Zip Code 98030-5083

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

Name of Employer WA State Nurses Association Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.33

Date of Receipt 05 / 05 / 2009

Transaction ID: A3DB89EE53CA14F6EAD5

Amount of Each Receipt this Period 208.33

C. Full Name (Last, First, Middle Initial)
Ms. Bonnie L. Faherty, PhD

Mailing Address 18175 Andrea Circle N#4

City Northridge State CA Zip Code 91325-1158

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

Name of Employer Retired Occupation Nurse Educator, CNS, FNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2009

Transaction ID: ACD492609CD14482EA1B

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **708.33**

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 / 18
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Sara McCumber		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 2004 Lackawanna Ave		Transaction ID: AD23B9C8BCFC14DB88F4		
	City Superior	State WI	Zip Code 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 ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Greer L. Glazer		Date of Receipt MM / DD / YYYY 05 / 27 / 2009		
	Mailing Address 36680 Blackberry Cir		Transaction ID: A5780F76C4F89497CB8B		
	City Solon	State OH	Zip Code 44139-2442	Amount of Each Receipt this Period 251.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Massachusetts - Boston	Occupation Professor & Chair			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 251.00			

SUBTOTAL of Receipts This Page (optional)	501.00
TOTAL This Period (last page this line number only)	1209.33

**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 8 / 18

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)
Bank of America Merchant Services

Transaction ID: B001BEC78E56449DC861

Mailing Address PO Box 2485

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	9

City Spokane State WA Zip Code 99210-2485

Amount of Each Disbursement this Period

233.56

Purpose of Disbursement
credit card and online lockbox fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Bank of America

Transaction ID: B0BEE05F0FC294F0190D

Mailing Address PO Box 27025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	9

City Richmond State VA Zip Code 23261

Amount of Each Disbursement this Period

2492.08

Purpose of Disbursement
bank fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2725.64

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

2725.64

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)
Republican National Committee

Transaction ID: B7456FFACCB434442803
Date of Disbursement

Mailing Address 320 1st St SE

/ /

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPA

Transaction ID: B500E3B78A10E41E49BC
Date of Disbursement

Mailing Address 430 S Capitol

/ /

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Opporunity and Leadership PAC

Transaction ID: BAC613645B13C4B5C972
Date of Disbursement

Mailing Address 2236 Se 10th Ave

/ /

City Portland State OR Zip Code 97214

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

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

A.	Full Name (Last, First, Middle Initial) Tuesday Group	Transaction ID: B7D83CB476CBA488397B
	Mailing Address PO Box 40385	Date of Disbursement 05 / 20 / 2009
	City Washington State DC Zip Code 20016	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	Transaction ID: BB407AF9B22DE46F68B1
	Mailing Address 120 Maryland Ave	Date of Disbursement 05 / 20 / 2009
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: B122CBF0B554E43FBA5C
	Mailing Address 320 1st St SE	Date of Disbursement 05 / 20 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
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

<p>A. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 2nd St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B4C87F1073F4D4437B2E</p> <p>Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Blue Dog PAC</p> <p>Mailing Address 6849 Old Dominion Dr Ste 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B9A64E855CAB74E00894</p> <p>Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 426 C St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Charles E. Schumer Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: B06F8C9BC85EA4E86B8F</p> <p>Date of Disbursement 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A. Full Name (Last, First, Middle Initial) Kildee For Congress</p> <p>Mailing Address PO Box 317</p> <p>City Flint State MI Zip Code 48501</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dale E. Kildee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B948C3FAD200F43B0B88</p> <p>Date of Disbursement MM / DD / YYYY 05 / 27 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 499 S Capitol St Sw</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4215C0DF742B4AF998F</p> <p>Date of Disbursement MM / DD / YYYY 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Committee to Re-Elect Congressman Chris Smith</p> <p>Mailing Address PO Box 3184</p> <p>City Hamilton State NJ Zip Code 08619-0184</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Chris H. Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BEA9C9E7520854FEE917</p> <p>Date of Disbursement MM / DD / YYYY 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

<p>A. Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Frank Pallone, Jr. Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06</p>	<p>Transaction ID: B7941E98905C24D6A9AC</p> <p>Date of Disbursement 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to re-elect Linda Sanchez</p> <p>Mailing Address 601 S Glenoaks Blvd Ste 211</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Linda T. Sanchez Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 39</p>	<p>Transaction ID: B7E27D3778C76493A8BC</p> <p>Date of Disbursement 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kagen for Congress</p> <p>Mailing Address 100 W College Ave Ste 50-D</p> <p>City Appleton State WI Zip Code 54911-5749</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dale E. Kildee Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 05</p>	<p>Transaction ID: BA263EAB9650F4ED490E</p> <p>Date of Disbursement 05 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS</p> <p>Mailing Address PO BOx 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Lois Capps Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23</p>	<p>Transaction ID: B18FCFC8DC29B4DEBBD3</p> <p>Date of Disbursement 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE</p> <p>Mailing Address PO Box 13147</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Barbara A. Mikulski Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:</p>	<p>Transaction ID: B2354E0BB06264C22841</p> <p>Date of Disbursement 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS</p> <p>Mailing Address PO BOx 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dennis W. Moore Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 03</p>	<p>Transaction ID: B2EA0222CD46F4FD7B52</p> <p>Date of Disbursement 05 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

A. Full Name (Last, First, Middle Initial) James McGovern for Congress <hr/> Mailing Address PO Box 60405 <hr/> City Worcester State MA Zip Code 01606-0405 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. James P. McGovern <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7ABA9783FAAE4E70B9C Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address PO Box 2232 <hr/> City Jenkinstown State PA Zip Code 19046 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Allyson Y. Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBB45B2C7FFC74581A51 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) COMMITTEE FOR BART GORDON, The <hr/> Mailing Address PO Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Bart Gordon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B06D59593663147A7927 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	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 16 / 18

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS <hr/> Mailing Address 1707 Prince St #5 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Frank A. LoBiondo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEBE086A6B9104BF2B83 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mike McMahon for Congress <hr/> Mailing Address 66 Arlond St <hr/> City Staten Island State NY Zip Code 10301 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Mike McMahon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB3E008E32A544515BB6 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS <hr/> Mailing Address 5429 Madison Ave <hr/> City Sacramento State CA Zip Code 95841 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Mike Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B440BDE10B473460CB98 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	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)

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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

A.

Full Name (Last, First, Middle Initial)
BETTY MCCOLLUM FOR CONGRESS

Transaction ID: BA1BD4B83C3F740A6A92

Date of Disbursement

Mailing Address PO Box 14131

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	9

City State Zip Code
St Paul MN 55114

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

--

Candidate Name
Rep. Betty McCollum

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MN District: 04

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

39500.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 18 / 18

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)
Katherine L. McDuffie

Mailing Address 104 Larkspur Dr

City Uvalde State TX Zip Code 78801-6304

Purpose of Disbursement
refund because credit card charged twice

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: BE5F09B5095F443CA9A5

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

30.00

TOTAL This Period (last page this line number only)

30.00