

**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**

CITY

STATE

ZIP CODE

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

05

01

2008

through

05

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mary Behrens

Signature of Treasurer

Electronically Filed by Mary Behrens

Date

09

19

2008

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		209224.16
(b) Cash on Hand at Beginning of Reporting Period .....	164186.78	
(c) Total Receipts (from Line 19) .....	44436.78	187599.16
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	208623.56	396823.32
7. Total Disbursements (from Line 31) .....	31048.82	219248.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	177574.74	177574.60
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2275.00	12825.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	42118.67	174147.12
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	44393.67	186972.12
(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) ..... ➤	44393.67	186972.12
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.) .....	43.11	627.04
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)) .....	44436.78	187599.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44436.78	187599.16

**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.....	2922.29	13204.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2922.29	13204.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	192111.90
24. Independent Expenditure (use Schedule E) .....	126.53	13882.04
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31048.82	219248.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31048.82	219248.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	44393.67	186972.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	44393.67	186922.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2922.29	13204.78
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2922.29	13204.78

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

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

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Hilgen Bryan

Mailing Address 124 W. Summit Ave

City

Haddonfield

State

NJ

Zip Code

08033-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wolfe-Simon Medical Assoc-  
iates, P.A.

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 8

Transaction ID: A041B64C3F3FD407A80E

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara O'Grady

Mailing Address PO Box 624

City

Santa Ynez

State

CA

Zip Code

93460-0624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 0 8

Transaction ID: A74EA374487EB417FAB6

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Andrea W. Aughenbaugh

Mailing Address 3 Grape Run Rd

City

Hightstown

State

NJ

Zip Code

08520-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NJ Nurses Assc

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  
0 5 / 0 6 / 2 0 0 8

Transaction ID: AFF953E81E1154C4D981

Amount of Each Receipt this Period

250.00

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

725.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anne M. McNamara

Mailing Address 6511 N. Maryland Cir

City

Phoenix

State

AZ

Zip Code

85013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Hospital Associat-  
ion

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: A38C37A283D8D4330824

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Thoman Curtis

Mailing Address 1823 Ridgewood  
Apt 212

City

Daytona Beach

State

FL

Zip Code

32117-1781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: ACFAAB4B819324E44B83

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Messmer

Mailing Address 4300 Jackson St

City

Hollywood

State

FL

Zip Code

33021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miami Children's Hospital

Occupation

Director of Nursing Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: A363D407C8E69496E8FB

Amount of Each Receipt this Period

250.00

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

1400.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jean A. Ansley

Mailing Address 849 Kingswood Dr

City

Lima

State

OH

Zip Code

45804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lima Memorial Hospital

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: A591DBE2622C2456D9F9

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Hilgen Bryan

Mailing Address 124 W. Summit Ave

City

Haddonfield

State

NJ

Zip Code

08033-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wolfe-Simon Medical Assoc-  
iates, P.A.

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

Transaction ID: A31187A04FA3E44D98A3

Amount of Each Receipt this Period

75.00

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

150.00

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

2275.00



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

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

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 27025

City

Richmond

State

VA

Zip Code

23261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

614.70

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 8

Transaction ID: A5711470CDA3E45089DB

Amount of Each Receipt this Period

42.10

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

42.10

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

42.10

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 16

<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

Mailing Address PO Box 2485

City  
Spokane

State  
WA

Zip Code  
99210-2485

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:

Transaction ID: B4CC8D4D242FC448C884

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

226.38

B.

Full Name (Last, First, Middle Initial)

Sun Trust Bank

Mailing Address PO Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement  
bank fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: BBE7C1DF8D2D442D0889

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

3.00

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261

Purpose of Disbursement  
bank fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: B941916C66F2843DD83B

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

2687.91

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

2917.29

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

2917.29

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 / 16

<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

<b>A.</b> Full Name (Last, First, Middle Initial) PAC to the Future	<b>Transaction ID:</b> BBD503EAD5AB44871B35 <b>Date of Disbursement</b>																				
Mailing Address 268 Bush Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	8												
City San Francisco State CA Zip Code 94104-3503	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name PAC to the Future	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS	<b>Transaction ID:</b> B7DFEF706FCBD4ECE89B <b>Date of Disbursement</b>																				
Mailing Address 1707 Prince St #5	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	8												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Rep. Frank A. LoBiondo	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	<b>Transaction ID:</b> BFDA0EEB6225347E988C <b>Date of Disbursement</b>																				
Mailing Address 217 3rd St SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	2		2	0	0	8												
City Washington State DC Zip Code 20003-1904	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Ed Edward Whitfield	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

5000.00

**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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Joan Fitz-Gerald for Congress

Mailing Address PO Box 659

City

Westminster

State

CO

Zip Code

80036-0659

Purpose of Disbursement

Candidate Name

Sen. Joan Fitz-Gerald

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: CO

District: 02

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

**Transaction ID:** BC3738A42AA79454BB27

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Latham for Congress

Mailing Address 217 3rd St SE

City

Washington

State

DC

Zip Code

20003-1904

Purpose of Disbursement

Candidate Name

Rep. Tom Latham

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: IA

District: 04

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

**Transaction ID:** B52E20B2527D84038BA8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

BOSWELL FOR CONGRESS COMMITTEE

Mailing Address PO Box 6220

City

Des Moines

State

IA

Zip Code

50309

Purpose of Disbursement

Candidate Name

Rep. Leonard L. Boswell

Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: IA

District: 03

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

**Transaction ID:** B733A022544F3484CB65

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

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

5000.00

**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)

Schauer for Congress

Mailing Address PO Box 100

City  
Battle Creek

State  
MI

Zip Code  
49016-0100

Purpose of Disbursement

Candidate Name  
Sen. Mark Schauer

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 07

**Transaction ID:** B3EBDAC298D6D453E9B3

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

McNerney for Congress

Mailing Address 5429 Madison Ave

City  
Sacramento

State  
CA

Zip Code  
95840

Purpose of Disbursement

Candidate Name  
Rep. Jerry McNerney

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 11

**Transaction ID:** BDE760A03C1FB4147AC3

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Cazayoux for Congress

Mailing Address 499 S Capitol St SW Ste 404

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name  
Rep. Donald J. Cazayoux, Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 06

**Transaction ID:** BD86AE18C98034208BC6

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

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

4000.00

**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 14 / 16

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Kurt Schrader for Congress	<b>Transaction ID:</b> B6966FC7A04D64FEAB49 <b>Date of Disbursement</b>
Mailing Address 307 N Main St Ste 240	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 0 / 2 0 0 8</div> </div>
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Sen. Kurt Schrader	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Harkin	<b>Transaction ID:</b> BD65E01531AB94475A51 <b>Date of Disbursement</b>
Mailing Address PO Box 811	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 0 8</div> </div>
City Des Moines State IA Zip Code 50304	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Tom Harkin	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Adler for Congress	<b>Transaction ID:</b> B4A9E35444D8A42AA92B <b>Date of Disbursement</b>
Mailing Address 499 S Capitol St SW Ste 412	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name Sen. John H. Adler	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>11000.00</div>
<b>TOTAL</b> 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)

LATOURETTE FOR CONGRESS

Mailing Address 320 Kenarden Dr

City  
Highland Heights

State  
OH

Zip Code  
44143

Purpose of Disbursement

Candidate Name  
Rep. Steven C. LaTourette

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 14

Transaction ID: B4CA02D31DABB49E2A7E

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jackie Speier for Congress

Mailing Address PO Box 112

City  
Burlingame

State  
CA

Zip Code  
94011

Purpose of Disbursement

Candidate Name  
Jackie Speier

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: B95FD4D6227C04E0CA00

Date of Disbursement

05 / 22 / 2008

Amount of Each Disbursement this Period

2000.00

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

3000.00

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

28000.00

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 16 / 16

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Nurses Association PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00017525	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Logomotion		Date M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8	
Mailing Address 7300 Pearl St Ste 200		Amount 126.53	
City Bethesda	State MD	Zip Code 20814-3357	Transaction ID: E288DCADE861B42A595A
Purpose of Expenditure shipping for yardsigns for Clinton		Category/ Type	Office Sought: <input type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
		12274.04	

(a) SUBTOTAL of Itemized Independent Expenditures .....	126.53
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	126.53

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Behrens  
Signature

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