

**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

04

01

2008

through

04

30

2008

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

Type or Print Name of Treasurer

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	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		209224.16
(b) Cash on Hand at Beginning of Reporting Period	161692.87	
(c) Total Receipts (from Line 19)	35484.90	143162.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	197177.77	352386.54
7. Total Disbursements (from Line 31)	32991.13	188199.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	164186.64	164186.64
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1200.00	10550.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	34228.00	132028.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	35428.00	142578.45
(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) ➡	35428.00	142578.45
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.)	56.90	583.93
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))	35484.90	143162.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35484.90	143162.38

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.....	2893.98	10282.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2893.98	10282.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28445.40	164111.90
24. Independent Expenditure (use Schedule E)	1651.75	13755.51
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))..	32991.13	188199.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32991.13	188199.90

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)	35428.00	142578.45
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35428.00	142528.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2893.98	10282.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2893.98	10282.49

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

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

FOR LINE NUMBER: PAGE 6 / 20

(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. Barbara Calvano

Mailing Address 7-14 160th St

City

Whitestone

State

NY

Zip Code

11357

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELMHURST HOSP

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: A917DB8A4C9414EC981F

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Florence E. Jones-Clarke

Mailing Address 1610 Clear Springs Ln

City

Colonial Heights

State

VA

Zip Code

23834-5873

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: A13F9C3C191894FA391C

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Mary E. Foley

Mailing Address 963 Duncan St

City

San Francisco

State

CA

Zip Code

94131-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of California San
Francisco Hosp

Occupation
Associate Director, School of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: A102B57054FF44C76A80

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(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. Ann M. Gothler

Mailing Address 4 Aspen Ln

City

Clifton Park Cente

State

NY

Zip Code

12065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Russell Sage College

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: A887C73074A11435B81B

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Ms. Patricia C. Owens

Mailing Address Hc 73 Box 70

City

Marietta

State

OK

Zip Code

73448-9520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Love Co. Rural Heal-
th Clinic

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: ABBA108F49FBA434790B

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

1200.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(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

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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

General

Other (specify) ▼

Aggregate Year-to-Date ▼

572.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Transaction ID: AB0A5AD2615954B56ABB

Amount of Each Receipt this Period

55.05

SUBTOTAL of Receipts This Page (optional)

55.05

TOTAL This Period (last page this line number only)

55.05

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 9 / 20

<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 fees and online lockbox fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: BD2E3F94D6BAB4F06B59

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

157.18

B.

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: B3BF12C1B728F46D0B10

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

2597.48

C.

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: BF9D979E1C59C4CB3B18

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

134.32

SUBTOTAL of Disbursements This Page (optional)

2888.98

TOTAL This Period (last page this line number only)

2888.98

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

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

FOR LINE NUMBER:
(check only one)

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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) Friends Of John Barrow Mailing Address PO Box 8166	Transaction ID: B7D0E9079BF6F48D4A65 Date of Disbursement <div> <div>04</div> <div>10</div> <div>2008</div> </div>
City Savannah State GA Zip Code 31412 Purpose of Disbursement <div></div> Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 12	Amount of Each Disbursement this Period <div>1000.00</div>
B. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress Mailing Address PO Box 2232 City Jenkinstown State PA Zip Code 19046 Purpose of Disbursement <div></div> Candidate Name Rep. Allyson Y. Schwartz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 13	Transaction ID: BA2668C8230D14E49978 Date of Disbursement <div> <div>04</div> <div>02</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>3000.00</div>
C. Full Name (Last, First, Middle Initial) COMMITTEE FOR BART GORDON, The Mailing Address PO Box 2008 City Murfreesboro State TN Zip Code 37133 Purpose of Disbursement <div></div> Candidate Name Rep. Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 06	Transaction ID: B0AD9C07800494E5EBE4 Date of Disbursement <div> <div>04</div> <div>10</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

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

American Nurses Association PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

**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 12 / 20

<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)
GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 16128

City Washington State DC Zip Code 77222

Purpose of Disbursement

Candidate Name
Rep. Gene GreenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: BCD4E5700BEE24D47839

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Lucille Roybal-Allard for Congress

Mailing Address PO Box 582

City Kensington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name
Rep. Lucille Roybal-AllardCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Transaction ID: BCC2B591471CB4697A38

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Debbie Wasserman Schultz for Congress

Mailing Address PO Box 71147

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name
Rep. Debbie Wasserman SchultzCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: B3260953B7AEB430995D

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 13 / 20

<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)

Committee to Elect Gary Ackerman

Mailing Address 100 Jericho Quadrangle
Ste 223

City Jericho State NY Zip Code 11753-2702

Purpose of Disbursement

Candidate Name
Rep. Gary L. AckermanOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 05

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

Transaction ID: B947A263522354CCAB6F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Committee for a Democratic Majority

Mailing Address 301 4th St NE
Ste 202

City Washington State DC Zip Code 20002

Purpose of Disbursement
leadership account contribution for 2008

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B602A4D18118D424B832

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

The Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement

Candidate Name
Sen. Jack F. ReedOffice Sought: ☐ House
☒ Senate
☐ President

State: RI District:

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

Transaction ID: B00AD21043C034DC192B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

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

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)

Kagen for Congress

Mailing Address 100 W College Ave Ste 50-D

City
Appleton

State
WI

Zip Code
54911-5749

Purpose of Disbursement

Candidate Name
Steven L Kagen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: B77488D4736E9479E870

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Yarmuth for Congress

Mailing Address 1815 Brownsboro Rd
Ste 100

City
Louisville

State
KY

Zip Code
40206

Purpose of Disbursement

Candidate Name
Rep. John A Yarmuth

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KY District: 03

Transaction ID: BC82C78AA070740D6967

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PAYNE FOR CONGRESS

Mailing Address 1924 Oakwood St

City
Temple Hills

State
MD

Zip Code
20748-5653

Purpose of Disbursement

Candidate Name
Rep. Donald M. Payne

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 10

Transaction ID: BA800D121D5B745398AC

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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 15 / 20

☐ 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)

The Reed Committee

Mailing Address PO Box 8628

City
Cranston

State
RI

Zip Code
02920

Purpose of Disbursement

Candidate Name

Sen. Jack F. Reed

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: RI

District:

Transaction ID: B45B5E6060E0F4489959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Jim Marshall

Mailing Address 586 Orange St

City
Macon

State
GA

Zip Code
31201

Purpose of Disbursement

Candidate Name

Rep. Jim C. Marshall

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 08

Transaction ID: BAE6480C4FE18434BB5E

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Committee to Re-Elect Artur Davis to Congress

Mailing Address PO Box 1845

City
Birmingham

State
AL

Zip Code
35201-1845

Purpose of Disbursement

Candidate Name

Rep. Artur Davis

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: AL

District: 07

Transaction ID: BE59999BBCBA74DB481A

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2300.00

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)

Kirk For Congress

Mailing Address PO Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement

Candidate Name

Rep. Mark Steven Kirk

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 10

Transaction ID: BB48FE2E39B904102BC0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

American Nurses Association

Mailing Address 8515 Georgia Ave
Ste 400

City
Silver Spring

State
MD

Zip Code
20910

Purpose of Disbursement
in-kind reimburse flight/hotel/staff time for coordinated campaign activities

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: B49548E209F40400DB2C

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1145.40

C.

Full Name (Last, First, Middle Initial)

Ciro D Rodriguez for Congress

Mailing Address 236 Massachusetts Ave NE

City
Washington

State
DC

Zip Code
20002-4980

Purpose of Disbursement

Candidate Name

Ciro D. Rodriguez

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 23

Transaction ID: B79A27DE4CDB845D18C0

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3145.40

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 17 / 20

<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)

Friends of Ginny Brown-Waite

Mailing Address 2501 Wisconsin Ave NW
Ste 304

City Washington State DC Zip Code 20007-4543

Purpose of Disbursement

Candidate Name
Rep. Ginny Brown-Waite

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 05

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

Category/
Type

Transaction ID: B423F05342EC2487C962

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Giffords For Congress

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement

Candidate Name
Gabrielle Giffords

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 08

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

Category/
Type

Transaction ID: BD7AE710C787A4578966

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Clarke for Congress

Mailing Address 111-36 200th St

City Hollis State NY Zip Code 11412

Purpose of Disbursement

Candidate Name
Yvette D. Clarke

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 11

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

Category/
Type

Transaction ID: BE4AEBA11E3494DCDB8E

Date of Disbursement

04 / 10 / 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 18 / 20

<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)

Tim Johnson For South Dakota

Mailing Address PO Box 1859

City
Sioux Falls

State
SD

Zip Code
57101-1859

Purpose of Disbursement

Candidate Name
Sen. Tim Johnson

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: SD District:

Transaction ID: BDA13FEB1CC774D09A38

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

EDDIE BERNICE JOHNSON

Mailing Address 3102 Maple Ave
Ste 605

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Candidate Name
Rep. Eddie Bernice Johnson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 30

Transaction ID: B420A61C63E0D4B5A93D

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

28445.40

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

PAGE 19 / 20

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Nurses Association PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00017525</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee Logomotion	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 4</div> <div><small>D D</small> 2 1</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>			
Mailing Address 7300 Pearl St Ste 200	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.98</div>			
<table style="width: 100%;"> <tr> <td style="width: 33%;">City Bethesda</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 20814-3357</td> </tr> </table>	City Bethesda	State MD	Zip Code 20814-3357	Transaction ID: E3E5A67D2CF7B46A8AC9
City Bethesda	State MD	Zip Code 20814-3357		
Purpose of Expenditure shipping yardsigns for clinton	Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: Hillary Rodham Clinton				
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;">12122.74</div>			

Full Name (Last, First, Middle, Initial) of Payee Poncharee	Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 4</div> <div><small>D D</small> 2 1</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>			
Mailing Address 4507 Cascadia Ave S	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1608.00</div>			
<table style="width: 100%;"> <tr> <td style="width: 33%;">City Seattle</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98118-1643</td> </tr> </table>	City Seattle	State WA	Zip Code 98118-1643	Transaction ID: ECFB83A7C950E4420AAC
City Seattle	State WA	Zip Code 98118-1643		
Purpose of Expenditure photos from political event	Category/ Type			
Name of Federal Candidate supported or Opposed by expenditure: Hillary Rodham Clinton				
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1608.00</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1626.98</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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
0 9

D D
1 9

Y Y Y Y
2 0 0 8

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

PAGE 20 / 20

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Nurses Association PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00017525</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			Date	
Full Name (Last, First, Middle, Initial) of Payee Logomotion			<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 0 4</div> <div style="text-align: center;">/ D D 2 9</div> <div style="text-align: center;">/ Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 7300 Pearl St Ste 200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.77</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Bethesda</div> <div>State MD</div> <div>Zip Code 20814-3357</div> </div>			Transaction ID: E24A677F2504C43D789B	
Purpose of Expenditure shipping for yardsig- ns for Clinton			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	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">12147.51</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">24.77</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1651.75</div>
<p>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.</p>	
Mary Behrens _____ Signature	Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">M M 0 9</div> <div style="text-align: center;">/ D D 1 9</div> <div style="text-align: center;">/ Y Y Y Y 2 0 0 8</div> </div>