

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Nurses Association PAC

ADDRESS (number and street) 8515 Georgia Avenue
Suite 400
 Check if different than previously reported. (ACC)
Silver Spring MD 20910-3492

2. **FEC IDENTIFICATION NUMBER** C00017525
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2007 through 03 31 2007

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 02 06 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									
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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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		81815.99
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	51984.06									
(c) Total Receipts (from Line 19)	98649.92	156732.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	150633.98	238548.82								
7. Total Disbursements (from Line 31)	36535.46	124450.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	114098.52	114098.52								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	14690.00	23000.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	83818.82	133399.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)	98508.82	156399.69
(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)	98508.82	156399.69
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.)	141.10	333.14
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))	98649.92	156732.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	98649.92	156732.83

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.....	3285.46	5700.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3285.46	5700.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	118500.00
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	250.00	250.00
(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))	250.00	250.00
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))..	36535.46	124450.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36535.46	124450.30

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)	98508.82	156399.69
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	98258.82	156149.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3285.46	5700.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3285.46	5700.30

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 / 43
	<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) Jacquelyn Hope Chapman	Date of Receipt MM / DD / YYYY 03 / 01 / 2007
	Mailing Address 509 W. St Mary's St	Transaction ID: A52C0BD99324048EE870
	City State Zip Code Centreville MS 39631-3580	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Dr. James Leak	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Ms. Mary M. Bliesmer	Date of Receipt MM / DD / YYYY 03 / 02 / 2007
	Mailing Address 2010 Roe Crest Dr	Transaction ID: AE7C8C89A9162486FBBC
	City State Zip Code Mankato MN 56003	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MINNESOTA STATE UNIVERSITY	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Ms. Donna L Raymond	Date of Receipt MM / DD / YYYY 03 / 02 / 2007
	Mailing Address Rd 4 Box 148	Transaction ID: A9C007F67CF6044CCA76
	City State Zip Code Hollidaysburg PA 16648-9262	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Advanced Regional Nursing School	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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 / 43
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A. Full Name (Last, First, Middle Initial) Ms. Janet Y. Harris</p> <p>Mailing Address 103 Hickory Cove</p> <p>City State Zip Code Brandon MS 39047-8361</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pyxis Occupation RN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: AA8CA48F489AC4312A23</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	7												

<p>B. Full Name (Last, First, Middle Initial) Martha Nunez</p> <p>Mailing Address 320 Sr 60 East</p> <p>City State Zip Code Lake Wales FL 33853</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Dr. Boris Nune Occupation RN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: AA100E42AF640470CA2B</p> <p>Amount of Each Receipt this Period 100.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	7												

<p>C. Full Name (Last, First, Middle Initial) Ann A Van Slyck</p> <p>Mailing Address 7600 N 16th St Ste 200</p> <p>City State Zip Code Phoenix AZ 85020</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Van Slyck & Associates, Inc. Occupation Nurse</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Transaction ID: AB8BB7BCFC8AD49D1809</p> <p>Amount of Each Receipt this Period 200.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	7												

<p>SUBTOTAL of Receipts This Page (optional)</p>	550.00
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 43
(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)
Dr. Sara L. Jarrett

Mailing Address 2751 S. Macon Circle

City Aurora State CO Zip Code 80014-3027

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

Name of Employer Regis University Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 05 / 2007

Transaction ID: A60818E4DB6F34095894

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Ms. Patricia Deshazer

Mailing Address 1840 Missouri Ave , #6

City Lakeview State OR Zip Code 97630-7001

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

Name of Employer Lake District Hospital Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2007

Transaction ID: ACE644809D206467DA7F

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Donna K. Hathaway

Mailing Address 877 Madison Ave

City Memphis State TN Zip Code 38163

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

Name of Employer Univ of Tennessee - Memphis Occupation Professor of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 06 / 2007

Transaction ID: A8611C445AB6E49FFB73

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sadie Parker

Mailing Address 100 Palmetto Dr

City Edgewood State MD Zip Code 21040-3520

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

Name of Employer Kernan Hospital Occupation Patient Care Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 07 / 2007

Transaction ID: A4CA53F38CC1547B3839

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Ms. Karen R. Setti

Mailing Address 304 Morningside Terrace

City Teaneck State NJ Zip Code 07666-4033

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

Name of Employer Hackensack Medical Center Occupation Clinical Nurse Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 07 / 2007

Transaction ID: A4DC5AFA3608A45C7A2B

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Ms. Janice M. Viola

Mailing Address 19 Monell Ave

City Poughkeepsie State NY Zip Code 12603-4613

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 03 / 07 / 2007

Transaction ID: AA16766D394B141899BE

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sandra M Ohman

Mailing Address 7740 Camino Real Apt G-107

City Miami State FL Zip Code 33143-7160

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

Name of Employer Miami Va;Veterans Administration Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 07 / 2007

Transaction ID: A3C120CECE4A9447B8C4

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Ms. Nancy A Calabrese

Mailing Address 1300 Argyll Dr

City Arnold State MD Zip Code 21012

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

Name of Employer St. Johns College Health Ctr. Occupation Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 08 / 2007

Transaction ID: A9B32E4AFF3ED4FD7BB5

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Mr. Betsy E Raiford

Mailing Address 1347 Morier St

City Jacksonville State FL Zip Code 32207

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

Name of Employer Riverside Internal Medicine Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 09 / 2007

Transaction ID: A9F3C6D06465F4F8D869

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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: (check only one)	PAGE 11 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)
Barbara O'Grady

Mailing Address PO Box 624

City St. Ynez State CA Zip Code 93460

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 ▼ 200.00

Date of Receipt 03 / 09 / 2007

Transaction ID: AFFF9E7F9996428D819

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Susan S Harvey

Mailing Address 4215 Morrowick Rd

City Charlotte State NC Zip Code 28226-4336

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

Name of Employer Queens University of Charlotte Occupation nursing faculty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 09 / 2007

Transaction ID: A132B17E6E7A54EF79EB

Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
Ms. Charlotte C Wynn

Mailing Address 4500 Charingwood Ct

City Montgomery State AL Zip Code 36109-3309

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

Name of Employer Continuity Care Home Nurses Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 12 / 2007

Transaction ID: ADC3458D7299C43FEBBD

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43
(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)
Mary A. Ford

Mailing Address 22504 Cedar Rd

City Poteau State OK Zip Code 74953

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

Name of Employer Poteau Public Schools 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 3 / 1 2 / 2 0 0 7

Transaction ID: A176D74575CC44EB4956

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Ms. Joanne Ruth

Mailing Address 4107 N. Chestnut

City Colorado Springs State CO Zip Code 80907-4113

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

Name of Employer University of Colorado Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 7

Transaction ID: A78B0A6AD73644A3E821

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ms. Janice J. Lowery

Mailing Address 2407 Center St

City Columbia State SC Zip Code 29204-2206

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

Name of Employer Richmond Co Health Dept Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 7

Transaction ID: A1675F179DB8E45B796E

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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 13 / 43

(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. Jarris T Bradford		Date of Receipt MM / DD / YYYY 03 / 12 / 2007		
	Mailing Address 700 Esplanade Gardens Plz Apt 13h		Transaction ID: A753CA0DB08F64578BCA		
	City New York	State NY	Zip Code 10039	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NORTH CENTRAL BRONX HOSP	Occupation Nurse	Aggregate Year-to-Date 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Ms. Maxine Ferguson		Date of Receipt MM / DD / YYYY 03 / 12 / 2007		
	Mailing Address 178 Franklin Mine Rd		Transaction ID: A8D0CF9FF51C843A4895		
	City Helena	State MT	Zip Code 59602-7111	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Janet Standard		Date of Receipt MM / DD / YYYY 03 / 12 / 2007		
	Mailing Address 270 Broadway #22c		Transaction ID: A9EBD93C314304ED7AA4		
	City New York	State NY	Zip Code 10007	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested	Occupation Information Requested	Aggregate Year-to-Date 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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: (check only one)	PAGE 14 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

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

Mailing Address 2814 Tremont Ave

City Davenport State IA Zip Code 52803-1755

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

Name of Employer Psychology Assoc Occupation Clinical Nurse Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 13 / 2007
Transaction ID: A62B148B5768E472A8EF
Amount of Each Receipt this Period 240.00

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth D. Carlson

Mailing Address 1808 Bates Ave

City Springfield State IL Zip Code 62704

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

Name of Employer Mennonite College of Nursing Occupation Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 13 / 2007
Transaction ID: AC33310F9319545C99CA
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Ms. Joan Absher

Mailing Address 715 E. 2nd St

City Hope State AR Zip Code 71801-4606

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

Name of Employer Medical Park Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 13 / 2007
Transaction ID: AACE8E9631E3E490FA18
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 640.00

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 15 / 43
(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

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. Deborah C. Karas

Mailing Address 20770 Juniper Ln

City State Zip Code
Barrington IL 60010-2900

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

Name of Employer self Occupation
RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: A71E329B5430E4973809

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Ms. Melissa G Justice

Mailing Address 1506 Sharps Ridge Ln

City State Zip Code
Lafollette TN 37766

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

Name of Employer Premier Weight Management Occupation
Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: A0CD5D93B121944449AE

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kathryn L Fiantd

Mailing Address 533 South 51st St

City State Zip Code
Omaha NE 68106-1301

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

Name of Employer University Of Nebraska Co-lllege Occupation
Associate Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: AD72036FA5AD34E36A41

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 43
(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)
Dr. Kathryn L Fiantd

Mailing Address 533 South 51st St

City State Zip Code
Omaha NE 68106-1301

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

Name of Employer Occupation
University Of Nebraska Co-lege Associate Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: A9696D4CB6E884347BC7

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Terry L. Smith-Seaver

Mailing Address 2038 Meadow Ridge Dr

City State Zip Code
Walled Lake MI 48390

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

Name of Employer Occupation
St John Home Health Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: A29985F955545467B96F

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Ms. Susan A Hauptfleisch

Mailing Address 6 Meadow St Apt 7

City State Zip Code
Clinton NY 13323

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

Name of Employer Occupation
University of Rochester RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2007

Transaction ID: AF375C04CB20948B8AF1

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 17 / 43						
	(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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Cynthia A. Morris

Mailing Address P o Box 107
Udall Brook Road

City State Zip Code
Quechee VT 05059-0107

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

Name of Employer Occupation
Dartmouth Hitchcock RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2007

Transaction ID: AF547557D14EF4D8CBB3

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Ms. Veronica S Lincoln

Mailing Address 7617 35th NW

City State Zip Code
Gig Harbor WA 98335

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

Name of Employer Occupation
Tacoma General Hospital RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 15 / 2007

Transaction ID: A5B6457695F2547F0891

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Ms. Colleen J. Speidell

Mailing Address 8711 S. 48th Ave

City State Zip Code
Yuma AZ 85364

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

Name of Employer Occupation
Self Employed RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: A8E0087739B3D4B86B0D

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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: (check only one)	PAGE 18 / 43
	<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. Maureen S Abaray		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 2135 Sunwest Dr		Transaction ID: A2015A6EA3F874D149DA
City Lodi	State CA	Zip Code 95242-3712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Sr. Joseph's Care Van	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Ms. Carolyn D. Smeltzer		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 131 Smotherman Ct		Transaction ID: A665A8A95AC8C4372805
City Murfreesboro	State TN	Zip Code 37129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Vanderbilt Univ. Hospital	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.

Full Name (Last, First, Middle Initial) Ms. Linda J. Rubino		Date of Receipt MM / DD / YYYY 03 / 16 / 2007
Mailing Address 1401 Persimmon Ave		Transaction ID: A0EF985F418E846AAB56
City Metairie	State LA	Zip Code 70001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer United Healthcare	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	▶	350.00
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: (check only one)	PAGE 19 / 43
	<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. Jean E. Waite	Date of Receipt MM / DD / YYYY 03 / 19 / 2007
	Mailing Address 2121 Hepburn St Apt #911	Transaction ID: AA0432316891F40BDB5B
	City Houston State TX Zip Code 77054-3242	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Methodist Hospital Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Mr. David W Jennis	Date of Receipt MM / DD / YYYY 03 / 19 / 2007
	Mailing Address 147 Hampton Roads Ave	Transaction ID: AA0AE12E578184218A5B
	City Hampton State VA Zip Code 23661-3410	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer RIVERSIDE REGIONAL MEDICAL Occupation Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Ms. Jeanette May Anderson	Date of Receipt MM / DD / YYYY 03 / 19 / 2007
	Mailing Address 7805 Acapulco Rd Nursing Dept	Transaction ID: A5D8D124B12DC490B9C7
	City Fort Worth State TX Zip Code 76112-6116	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer JMA Nursing Consultant Occupation Associate Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 43
(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. Syble J Cretzmeyer

Mailing Address 18510 Borland Rd

City Higginsville State MO Zip Code 64037-9715

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

Name of Employer Central Missouri State Un-ivers Occupation NP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 20 / 2007
Transaction ID: AD83A0A07562C4425855
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Nancy C. Yuill

Mailing Address 14118 Shamrock Park La

City Sugar Land State TX Zip Code 77478

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

Name of Employer Houstons Baptist Universi-ty Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 20 / 2007
Transaction ID: ACEE0033729B34CB5B77
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Judith Craig

Mailing Address 2603 NE 1st Dr

City Hillsboro State OR Zip Code 97124-2383

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

Name of Employer PROVIDENCE ST PETER HSP Occupation Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 20 / 2007
Transaction ID: AB4782930A93F4656860
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Melissa G Justice		Date of Receipt MM / DD / YYYY 03 / 20 / 2007		
	Mailing Address 1506 Sharps Ridge Ln		Transaction ID: ACDB63C1CDA0E45689AE		
	City Lafollette	State TN	Zip Code 37766	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Premier Weight Management	Occupation Nurse			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Ms. Tracey T. Stansberry		Date of Receipt MM / DD / YYYY 03 / 21 / 2007		
	Mailing Address 258 Woodland Place		Transaction ID: AE47DCE922CE94C77AB9		
	City Huntsville	State TN	Zip Code 37756	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Tenn. Plateau Oncology Clinic	Occupation RN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00			

C.	Full Name (Last, First, Middle Initial) Ms. Linda C. Devries		Date of Receipt MM / DD / YYYY 03 / 21 / 2007		
	Mailing Address 7 Snowmound Ct		Transaction ID: A7B8E482491784665AA6		
	City Rockville	State MD	Zip Code 20850	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DeVries & Associates, PSC	Occupation RN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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: (check only one)	PAGE 22 / 43
	<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. Julie A Johnson

Mailing Address W7753 Coyne Rd

City State Zip Code
Fond Du Lac WI 54937

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

Name of Employer Occupation
Fond Du Lac Regional Clinic Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: A9DC3280A04C44ABD961

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Richard Pessagno

Mailing Address 103 Sunshine Lakes Dr

City State Zip Code
Voorhees NJ 08043

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

Name of Employer Occupation
University of Med & DDS of NJ RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: A9CCB132A9AED4E7FB9A

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Anne M. McNamara

Mailing Address 6511 N. Maryland Cir

City State Zip Code
Phoenix AZ 85013-1030

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

Name of Employer Occupation
Arizona Hospital Association Project Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: A68ED60C71DC24715836

Amount of Each Receipt this Period
400.00

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: (check only one)	PAGE 23 / 43
	<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. Anita M. Chesney	Date of Receipt MM / DD / YYYY 03 / 21 / 2007
	Mailing Address 4770 Whites Creek Pike	Transaction ID: AA9E7B070262B4339A7C
	City State Zip Code Whites Creek TN 37189	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation United States Army RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Ms. Debra L Schutte	Date of Receipt MM / DD / YYYY 03 / 21 / 2007
	Mailing Address 3378 Lower West Branch Rd	Transaction ID: A197CDE2BC01C4EEAB52
	City State Zip Code Iowa City IA 52245-4102	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Iowa College of Nursing Doctoral Student Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens	Date of Receipt MM / DD / YYYY 03 / 21 / 2007
	Mailing Address Hc 73 Box 70	Transaction ID: A3754C75618074299B18
	City State Zip Code Marietta OK 73448-9520	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mercy Love Co. Rural Health Clinic Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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: (check only one)	PAGE 24 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Helen M Thamm

Mailing Address 4012 No Osceola St

City Norridge State IL Zip Code 60634-1120

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

Name of Employer Hot Springs Counseling Center Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 21 / 2007

Transaction ID: A1729A9748A3044D9B7C

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Lucy Welch

Mailing Address 157 Rutland Rd

City Glen Rock State NJ Zip Code 07452-1237

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

Name of Employer Newbridge Services Inc Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 21 / 2007

Transaction ID: AB863061FB7D0486080E

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Ms. Millicent L James

Mailing Address 8936 215th St

City Queens Village State NY Zip Code 11427

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

Name of Employer MT SIANI MED CENTER Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 22 / 2007

Transaction ID: A99CA79B2A9FA406797D

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 25 / 43
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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. D. Monsivais		Date of Receipt MM / DD / YYYY 03 / 22 / 2007		
	Mailing Address 440 Clayton Rd		Transaction ID: A84832D7E35E54B41B0F		
	City El Paso	State TX	Zip Code 79932-2305	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of Texas at El Paso	Occupation RN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00			

B.	Full Name (Last, First, Middle Initial) Ms. Debra McMire		Date of Receipt MM / DD / YYYY 03 / 22 / 2007		
	Mailing Address 6 Ardsley Place		Transaction ID: A18AC9F4522A44680B4A		
	City Hainesport	State NJ	Zip Code 08036-6247	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Delaware Valley Pediatric Assoc	Occupation RN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00			

C.	Full Name (Last, First, Middle Initial) Ms. Jean B. Blackburn		Date of Receipt MM / DD / YYYY 03 / 22 / 2007		
	Mailing Address 500 S. Crest Rd		Transaction ID: A453FBB9000384A719CC		
	City Chattanooga	State TN	Zip Code 37404-5915	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Family Systems Therapy	Occupation RN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00			

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 26 / 43
(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. Josephine D Ortiz

Mailing Address 649 East 221st St

City Carson State CA Zip Code 90745-3210

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

Name of Employer Kaiser Permanente Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 23 / 2007
Transaction ID: A183F7F50B4FD45EBBA2
 Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Mr. Donnie J. Scott

Mailing Address 4 Cheyenne Loop

City Houma State LA Zip Code 70360-6055

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

Name of Employer Cardiovascular Institute of the South Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 23 / 2007
Transaction ID: A2BAFD1629887460EBAD
 Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Ms. Caroline A Campbell

Mailing Address PO Box 84

City Kurtistown State HI Zip Code 96760-0084

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

Name of Employer Hilo Medical Center Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 03 / 23 / 2007
Transaction ID: A54EBA62C0FD947F8BBD
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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 27 / 43
	(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. Deborah Sanders	Date of Receipt MM / DD / YYYY 03 / 26 / 2007
	Mailing Address 437 Hide A Way Ln E.	Transaction ID: AAA0D958FABD74BC18B6
	City State Zip Code Lindale TX 75771-5213	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Ms. Mary J. Glenney	Date of Receipt MM / DD / YYYY 03 / 26 / 2007
	Mailing Address 960 Morningwood Dr	Transaction ID: A69A08317F5D44A37AC0
	City State Zip Code San Marcos TX 78666-8453	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Center for Health Care Services Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Linda Anderson	Date of Receipt MM / DD / YYYY 03 / 26 / 2007
	Mailing Address 12800 Churchill Pkwy	Transaction ID: A4E9BFA418C2547A1B8B
	City State Zip Code Goshen KY 40026	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dr. Sadagee Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 43
	<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. Ann D. Navage	Date of Receipt MM / DD / YYYY 03 / 26 / 2007
	Mailing Address 80 Pond Mill Rd	Transaction ID: A763EFF5F2BBE45C4926
	City State Zip Code Plantsville CT 06479-1920	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Francis Hospital & Medical Center RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Lorada J Shrawder	Date of Receipt MM / DD / YYYY 03 / 26 / 2007
	Mailing Address 2610 Warrenton Way	Transaction ID: AB37DB05652BE4F6AB70
	City State Zip Code Colorado Springs CO 80922-1304	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation El Paso Regional Medical Center Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Ms. Mildred C. Spiers	Date of Receipt MM / DD / YYYY 03 / 26 / 2007
	Mailing Address 19516 Depot Rd	Transaction ID: A1CDF12BC0FB94AB9867
	City State Zip Code McKenney VA 23872-2726	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sutherland Family Practice RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)
Victoria Bennett

Mailing Address PO Box 191

City Angoon State AK Zip Code 99820

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

Name of Employer Status Comm. Clinic Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 26 / 2007

Transaction ID: A2B0FE78755FE4A2CB2E

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Ms. Sharon E Kulkaski

Mailing Address 1210 Gannet Ct

City Forked River State NJ Zip Code 08731

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

Name of Employer Community Medical Center Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 27 / 2007

Transaction ID: A2456F21B86D94F5E91B

Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
Nancy Bonalumi

Mailing Address 1297 Hillside Dr

City Lancaster State PA Zip Code 17603-4704

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

Name of Employer Childrens Hospital of Philadelphia Occupation Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 27 / 2007

Transaction ID: ADD480813362D4D0C87D

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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 30 / 43
	(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)
Deborah A. Saber-Moore

Mailing Address 3341 Horseshoe Bend Ct

City Longwood State FL Zip Code 32779

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

Name of Employer Florida Hospital-Altamonte Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 27 / 2007

Transaction ID: AA0E3E2AA2E7A4E1CB1F

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Ms. Beth Ennis

Mailing Address PO Box 1048

City Tonopah State NV Zip Code 89049

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

Name of Employer NV State Health Division Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 27 / 2007

Transaction ID: ABD2DDBBA32FC4EB0B7B

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Ms. M. B. Hoffart

Mailing Address 611 9th Ave NE

City Minot State ND Zip Code 58703

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

Name of Employer Minot State University Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 27 / 2007

Transaction ID: AE8259BB952BA4BB08F1

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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 31 / 43
(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. Anne Lucero

Mailing Address 406 Baltusrol Dr

City State Zip Code
Aptos CA 95003-5408

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

Name of Employer Occupation
Cabrilie College Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2007

Transaction ID: AE802A69763E54A298B8

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Ms. Kathy Player

Mailing Address 16426 S. Mtn Stone Trail

City State Zip Code
Phoenix AZ 85048-2078

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

Name of Employer Occupation
Ken Blanchard College of Business Director of RN BSN Program

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: A501CD96883F3410695A

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Ms. Julie A Johnson

Mailing Address W7753 Coyne Rd

City State Zip Code
Fond Du Lac WI 54937

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

Name of Employer Occupation
Fond Du Lac Regional Clinic Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: A3B359BA64D2C4918917

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Martha Faulkner

Mailing Address 1112 Girard Blvd NE

City Albuquerque State NM Zip Code 87106

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

Name of Employer Program for Children Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 30 / 2007

Transaction ID: A369A95EACABC48E18B0

Amount of Each Receipt this Period 200.00

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 Health Clinic Occupation Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 30 / 2007

Transaction ID: A250E27122A304ADD85F

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Ms. Judy W Otts

Mailing Address PO Box 334

City Kosciusko State MS Zip Code 39090

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

Name of Employer Manhattan Health Care Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 30 / 2007

Transaction ID: A90901F88BC904E889FD

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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: (check only one)	PAGE 33 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Ms. Vincentina Grablauskas		Date of Receipt MM / DD / YYYY 03 / 30 / 2007		
	Mailing Address 60 Warren Grove Rd		Transaction ID: A8CCD6C0CBCB841A2B59		
	City Barnegat	State NJ	Zip Code 08005	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Multi Medical Associates	Occupation RN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Ms. Mary McCutcheon		Date of Receipt MM / DD / YYYY 03 / 30 / 2007		
	Mailing Address 530 42nd Ave		Transaction ID: A09C2D7E912B54691801		
	City San Francisco	State CA	Zip Code 94121-2531	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SF County	Occupation Director, Client Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Roberta A Capewell		Date of Receipt MM / DD / YYYY 03 / 30 / 2007		
	Mailing Address 108 S. Baton Rouge		Transaction ID: AD7431FF2671A4C9B99C		
	City Ventnor	State NJ	Zip Code 08406	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Personal Touch Inc	Occupation Nurse	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	14690.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 43
(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)
Sun Trust Bank

Mailing Address PO Box 622227

City State Zip Code
Orlando FL 32862-2227

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	7

Transaction ID: A133E57ADAE294E7CAB9

Amount of Each Receipt this Period
141.10

interest

SUBTOTAL of Receipts This Page (optional)	▶	141.10
TOTAL This Period (last page this line number only)	▶	141.10

**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)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B78E7F55DC0004C58853 Date of Disbursement 03 / 31 / 2007 Amount of Each Disbursement this Period 2088.98 Category/ Type
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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF71591732A1344A5AAC Date of Disbursement 03 / 31 / 2007 Amount of Each Disbursement this Period 485.84 Category/ Type
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank c/oNOVA Regions Bank Montgomery Mailing Address 7300 Chapmans Hwy City KNoxville State TN Zip Code 37920 Purpose of Disbursement credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6A63F43D3E464D159A0 Date of Disbursement 03 / 31 / 2007 Amount of Each Disbursement this Period 700.69 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3275.51
TOTAL This Period (last page this line number only) ▶	3275.51

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) Hoosiers Supporting Buyer For Congress</p> <p>Mailing Address 200 N Main St</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Steve E. Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B97ADB91B12144D499A4</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7</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 LOIS CAPP</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</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B94BAD3088F7847139B8</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS</p> <p>Mailing Address PO Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Diana L. DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF4248A77FB9941C1ABA</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7</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)

<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) Tom Allen for Congress Mailing Address PO Box 17766 City Portland State ME Zip Code 04112 Purpose of Disbursement Candidate Name Rep. Tom H. Allen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B118023CFA2014288A73 Date of Disbursement 03 / 19 / 2007
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) RICHARD E NEAL for CONGRESS COMMITTEE Mailing Address 76 Magnolia Terrace City Springfield State MA Zip Code 01108 Purpose of Disbursement Candidate Name Rep. Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEBA4D1E739304D3E8B2 Date of Disbursement 03 / 05 / 2007
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) Pallone for Congress Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD0046CD372374A0FBED Date of Disbursement 03 / 05 / 2007
	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)

<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) HOOLEY FOR CONGRESS	Transaction ID: BF2680620BD0944F09CF
	Mailing Address PO Box 2050	Date of Disbursement 03 / 21 / 2007
	City Salem State OR Zip Code 97308	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Darlene Hooley	Category/Type
	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.	Full Name (Last, First, Middle Initial) Stephanie Tubbs-Jones for Congress	Transaction ID: B3B933F5AFB98452A91B
	Mailing Address 3729 Sisby Rd	Date of Disbursement 03 / 12 / 2007
	City University Heights State OH Zip Code 44118	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Stephanie Tubbs Tubbs Jones	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH	Transaction ID: B06D0D9820C7D4A599F9
	Mailing Address PO Box 1940	Date of Disbursement 03 / 12 / 2007
	City Erie State PA Zip Code 16507	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Phil English	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)

<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) MIKE THOMPSON FOR CONGRESS <hr/> Mailing Address 5429 Madison Ave <hr/> City Sacramento State CA Zip Code 95841 <hr/> Purpose of Disbursement <input type="text"/> <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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA9A805D23AE54697A08 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Congressman George Miller <hr/> Mailing Address PO Box 5864 <hr/> City Concord State CA Zip Code 94524 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. George Miller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B07EFB3259DB74FDF8FE Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress <hr/> Mailing Address PO BOX 696 <hr/> City Madison State WI Zip Code 53701 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Tammy Baldwin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF15E25D02F11430E81A Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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) Rush Holt for Congress <hr/> Mailing Address PO Box 782 <hr/> City Pennington State NJ Zip Code 08534 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Rush Holt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD80309243F8844F5984 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN <hr/> Mailing Address PO Box 1949 <hr/> City Springfield State IL Zip Code 62705 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Dick J. Durbin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB29BF9E76AD9461983C Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SOLIS FOR CONGRESS <hr/> Mailing Address 6380 Wilshire Blvd #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Hilda L. Solis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B39232AFA756243EB982 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <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) MOORE FOR CONGRESS	Transaction ID: BD6DA0662E24942F38FE
	Mailing Address PO BOX 14631	Date of Disbursement 03 / 12 / 2007
	City Shawnee Mission State KS Zip Code 66285	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Dennis W. Moore	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL Committee	Transaction ID: B35F6EC89B7F84F4F8B0
	Mailing Address 320 1st St SE	Date of Disbursement 03 / 09 / 2007
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 15000.00
	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: B057222A8CA30400888F
	Mailing Address PO Box 9336	Date of Disbursement 03 / 19 / 2007
	City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Earl Pomeroy	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

17000.00

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)
ANNA ESHOO FOR CONGRESS

Transaction ID: B09F9D0B3752E46069FC

Mailing Address 222 Capitol Mall Ste 1425

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	7

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Anna G. Eshoo

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 14

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

33000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 43

<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)
Julia Tortorice

Mailing Address 388 SW Quail Heights Terrace

City State Zip Code
Lake City FL 32025-1443

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B2217DA6A6E7B4096A04

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)