FEC FORM 3X	AN	EPORT O ID DISBU Other Than Ar	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA		ample:If typing er the lines	, type			
American Nurses A		;						
ADDRESS (number and a	street)	515 Georgia Avenu I I I I I I uite 400	e 					<u> </u>
Check if differ than previously reported. (ACC	ent L	ilver Spring					20910 	3492
2. FEC IDENTIFICAT	ION NUMBER	▼			S	TATE	ZIPCOE	DE 🛋
C00017525			3. IS THIS REPOR		NEW (N) OR	X AME (A)	NDED	
July 15 Quarterly October 1 Quarterly January 3 Quarterly July 31 M Report(Ni Year Only	rts: Report(Q1) Report(Q2) 5 Report(Q3) 1 Report(YE) id-Year pon-election	(b) Monthly Report Due On: (c) 12-Day PRE-Elect Report for (d) 30-Day Post -Elec Report for	the:		12C)	Aug 24 Sep 24 Oct 20 General (12 Special (12 Runoff (30)	2G) G) (M10)	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer		Mary Behrens	my knowledge	through	0 3 true, correct a Da	nd complete.	06	2008
NOTE : Submission of f	alse, erroneous	, or incomplete info	rmation may s	ubject the pers	on signing this	Report to the p		
Use Only							(Rev. 12/200	

mage# 28990425558 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name American Nurses Association PAC	2	
Report Covering the Period: From:	M M D D Y Y W Y 0 3 0 1 2 0 0 7	To:
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007 Y	Y	81815.99
(b) Cash on Hand at Begining of Reporting Period	51984.06]
(c) Total Receipts (from Line 19)		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)		124450.30
 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)

X 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

FE6AN026

Image# 28990425559		DETAILED SUMMARY PAGE OF RECEIPTS	
	FEC Form 3X (Rev. 06/2004)		Page 3
v 	Vrite or Type Committee Name American Nurses Association PAC		
R	leport Covering the Period: From:	M M D D Y	$\begin{array}{c c} M & M \\ 0 & 3 \end{array} \begin{array}{c} D & D \\ 3 & 1 \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{array}$
	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 (i) Itemized (use Schedule A)	14690.00	23000.00
	(ii) Unitemized	83818.82	133399.69
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	08508.80	156399.69
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(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.		ds	
	(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

Image# 28990425560

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)		
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Cperating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share (b) Other Federal Operating	0.00	0.00
	Expenditures	3285.46	5700.30
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) P	3285.46	5700.30
	Transfers to Affiliated/Other Party Committees	0.00	0.00
3. (Contributions to Federal Candidates/Committees		
	and Other Political Committees	33000.00	118500.00
5. ((use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. I	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	250.00	250.00
,	Г	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees		
	(such as PACs) (d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	250.00	250.00
:9. (Other Disbursements	0.00	0.00
0.	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
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	36535.46	124450.30
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	36535.46	124450.30

Image# 28990425561

DETAILED SUMMARY PAGE

	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

FE6AN026

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 43
	TEMIZED RECEIPTS	,	for each category of the	(check only one)
I			Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
/	Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	y not be sold or used by any pers	on for the purpose of soliciting contributions
K	· · · · ·			
	NAME OF COMMITTEE (In Full)			
	American Nurses Association PAC			
~	Full Name (Last, First, Middle Initial) Jacquelyn Hope Chapman	Date of Receipt		
	Mailing Address 509 W. St Mary's St			
				03 01 2007
	City	State	Zip Code	Transaction ID: A52C0BD99324048EE8
	Centreville	MS	39631-3580	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			
	Name of Employer Dr. James Leak	Occupatio	n	-
	Dr. James Leak	RN		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		200.00	
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial)			
	Ms. Mary M. Bliesmer	Date of Receipt		
	Mailing Address 2010 Roe Crest Dr	03 02 2007		
	City	State	Zip Code	Transaction ID: AE7C8C89A9162486FE
	Mankato	MN	56003	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		
	Name of Employer MINNESOTA STATE UNIVERSITY	Occupatio	n	-
	MINNESOTA STATE UNIVERSITY	RN		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		200.00	
	Other (specify)	0 0		1
_	Full Name (Last, First, Middle Initial)			Date of Receipt
	Ms. Donna L Raymond Mailing Address Rd 4 Box 148			
				03 02 2007
	City	State	Zip Code	Transaction ID: A9C007F67CF6044CCA
	Hollidaysburg	PA	16648-9262	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			
	Name of Employer Advanced Regional Nursing	Occupatio	n	
	SChool	Nurse	······	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)		200.00	
		0 0	<u> </u>	-
Γ				500.00
	SUBTOTAL of Receipts This Page (optional)			

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	
	Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Nurses Association PAC	d Statements may not be sold or used by the name and address of any political co	/ any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Janet Y. Harris Mailing Address 103 Hickory Cove	Date of Receipt	
	City Brandon	State Zip Code MS 39047-8361	Transaction ID: AA8CA48F489AC4312A23 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Pyxis	C Occupation RN	250.00
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
в.	Full Name (Last, First, Middle Initial) Martha Nunez Mailing Address 320 Sr 60 East		Date of Receipt
	City Lake Wales FEC ID number of contributing federal political committee.	State Zip Code FL 33853	Transaction ID: AA100E42AF640470CA2B Amount of Each Receipt this Period 100.00
	Name of Employer Dr. Boris Nune Receipt For: Primary General Other (specify) ▼	Occupation RN Aggregate Year-to-Date V 20	00.00
- C.	Full Name (Last, First, Middle Initial) Ann A Van Slyck Mailing Address 7600 N 16th St Ste 200		Date of Receipt
	City Phoenix FEC ID number of contributing federal political committee.	State Zip Code AZ 85020	Transaction ID: AB8BB7BCFC8AD49D1809 Amount of Each Receipt this Period 200.00
	Name of Employer Van Slyck & Associates, Inc. Receipt For:	Occupation Nurse Aggregate Year-to-Date ▼	
Г	Other (specify)	20	00.00
	SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numl		

9	SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 43 (check only one)
	TEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
	Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	American Nurses Association PAC		
∠ A.	Full Name (Last, First, Middle Initial) Dr. Sara L. Jarrett	Date of Receipt	
	Mailing Address 2751 S. Macon Circ	le	03 / 05 / Y Y Y Y 2007
	City	State Zip Code	Transaction ID: A60818E4DB6F34095894
	Aurora	CO 80014-3027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer Regis University	Occupation Professor	-
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		1
	Other (specify)	200.00	
- В.	Full Name (Last, First, Middle Initial) Ms. Patricia Deshazer		Date of Receipt
	Mailing Address 1840 Missouri Ave ,	#6	0 3 0 5 2 0 0 7
	City	State Zip Code	Transaction ID: ACE644809D206467DA7F
	Lakeview	OR 97630-7001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Lake District Hospital	Occupation RN	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General		1
	Other (specify)	250.00	
– C.	Full Name (Last, First, Middle Initial) Ms. Donna K. Hathaway		Date of Receipt
	Mailing Address 877 Madison Ave		03 06 2007
	City	State Zip Code	Transaction ID: A8611C445AB6E49FFB73
	Memphis	TN 38163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Univ of Tennessee - Memph- is	Occupation Professor of Nursing	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		1
	Other (specify)	200.00	
Г		1	

~				
S	CHEDULE A (FEC Form 3X))		FOR LINE NUMBER: PAGE 9 / 43
	•	,	Use separate schedule(s) for each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and	I Statements ma	y not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using t	he name and ad	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Nurses Association PAC			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Sadie Parker	Date of Receipt		
	Mailing Address 100 Palmetto Dr	M M / D D / Y Y Y Y 03 07 2007		
	City	State	Zip Code	Transaction ID: A4CA53F38CC1547B38
	Edgewood	MD	21040-3520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Kernan Hospital	Occupation Patient (on Care Manager	
	Receipt For:		e Year-to-Date V	
	Primary General	, iggi egali		
	Other (specify)		200.00	
	Full Name (Last, First, Middle Initial) Ms. Karen R. Setti	Date of Receipt		
	Mailing Address 304 Morningside Ter	0 3 0 7 2 0 0 7		
	City	State	Zip Code	Transaction ID: A4DC5AFA3608A45C7
	Teaneck	NJ	07666-4033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Hackensack Medical Center	Occupatio Clinical I	on Nurse Specialist	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	200.00	
		0 0		Date of Receipt
	Full Name (Last, First, Middle Initial)			Date of Receipt
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Janice M. Viola	State	Zip Code	M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Janice M. Viola Mailing Address 19 Monell Ave	State		M M / D D / Y Y Y Y 0 3 07 2007
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Janice M. Viola Mailing Address 19 Monell Ave City Poughkeepsie	NY	Zip Code	M M
	City Other (specify) ▼ College Colleg		Zip Code	M M M / D D / Y Y Y
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Janice M. Viola Mailing Address 19 Monell Ave City Poughkeepsie FEC ID number of contributing	NY	Zip Code 12603-4613	M M
	City Poughkeepsie FEC ID number of contributing federal political committee. Name of Employer	NY C Occupatio RN	Zip Code 12603-4613	M M / D D Y
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Janice M. Viola Mailing Address 19 Monell Ave City Poughkeepsie FEC ID number of contributing federal political committee. Name of Employer Retired	NY C Occupatio RN	Zip Code 12603-4613	M M
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Janice M. Viola Mailing Address 19 Monell Ave City Poughkeepsie FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For:	NY C Occupatio RN	Zip Code 12603-4613	M M
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Janice M. Viola Mailing Address 19 Monell Ave City Poughkeepsie FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General	NY C Occupation RN Aggregate	Zip Code 12603-4613 on e Year-to-Date ▼ 250.00	M M

SCHEDULE A (FEC Forr ITEMIZED RECEIPTS	n 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Nurses Association	orts and Statements may not be sold or used by any perso using the name and address of any political committee to PAC	n for the purpose of soliciting contributions solicit contributions from such committee.				
A. Ms. Sandra M Ohman	Full Name (Last, First, Middle Initial) Ms. Sandra M Ohman Mailing Address 7740 Camino Real Apt G-107					
	•	03 07 2007				
City <u>Miami</u>	State Zip Code FL 33143-7160	Transaction ID: A3C120CECE4A9447B8 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		200.00				
Name of Employer Miami Va;Veterans Adminis- tration	Occupation RN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00					
Full Name (Last, First, Middle Initial Ms. Nancy A Calabrese Mailing Address 1300 Argyll Dr		Date of Receipt				
City	State Zip Code	03082007 Transaction ID: A9B32E4AFF3ED4FD7B				
Arnold	MD 21012	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer St. Johns College Health Ctr.	Occupation Nurse	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00					
Full Name (Last, First, Middle Initial Mr. Betsy E Raiford)	Date of Receipt				
Mailing Address 1347 Morier S	t	M M / D D / Y Y Y Y 03 09 2007				
City	State Zip Code	Transaction ID: A9F3C6D06465F4F8D86				
Jacksonville	FL 32207	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer Riverside Internal Medici-	Occupation RN					
ne Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	200.00					
SUBTOTAL of Receipts This Page (or	pptional)	500.00				
TOTAL This Period (last page this lin	e number only)					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 11 / 43
	· · ·		Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
A	Any information copied from such Reports and	Statements ma	y not be sold or used by any pers	on for the purpose of soliciting contributions
0	r for commercial purposes, other than using th	ie name and ad	dress of any political committee to	o solicit contributions from such committee.
$\overline{)}$	NAME OF COMMITTEE (In Full)			
	American Nurses Association PAC			
/				
	Full Name (Last, First, Middle Initial)			
	Barbara O'Grady	Date of Receipt		
	Mailing Address PO Box 624			M M / D D / Y Y Y Y 03 09 2007
	<u></u>	01-1-1	7	
	City	State	Zip Code	Transaction ID: AFFFB9E7F9996428D8
	St. Ynez	CA	93460	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			
	Name of Employer	Occupatio	nn.	_
	Retired	Occupation Retired	лт	
	Receipt For:		o Voor to Doto 🔽	
	Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify)		200.00	
		0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
	Dr. Susan S Harvey			Date of Receipt
	Mailing Address 4215 Morrowick Rd			
				03 09 2007
	City	State	Zip Code	Transaction ID: A132B17E6E7A54EF79
	Charlotte	NC	28226-4336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Queens University of Char-	Occupatio	on	
	lotte	nursing	faculty	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		200.00	
	Other (specify)		200.00	
	Full Name (Last, First, Middle Initial)			
	Ms. Charlotte C Wynn			Date of Receipt
	Mailing Address 4500 Charingwood C	t		03 12 YYYY 03 12 2007
	City	State	Zip Code	
	-			Transaction ID: ADC3458D7299C43FE
	Montgomery	AL	36109-3309	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			
	Name of Employer Continuity Care Home Nurs-	Occupatio	n	
		RN		
	es Receipt For:		e Year-to-Date 🔻	
	Primary General	, iggi egali		
	Other (specify)		200.00	
		0.0		-
		1		
				600.00
ę	SUBTOTAL of Receipts This Page (optional)			000.00

9	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/43			
		,	Use separate schedule(s) for each category of the	(check only one)			
1	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
_			, ,	13 14 15 16 17			
	Any information copied from such Reports and	Statements ma	ay not be sold or used by any pers	son for the purpose of soliciting contributions			
	or for commercial purposes, other than using th	ne name and ac	ddress of any political committee i	o solicit contributions from such committee.			
	American Nurses Association PAC						
∠ A.	Full Name (Last, First, Middle Initial) Mary A. Ford	Date of Receipt					
	Mailing Address 22504 Cedar Rd	M M / D D / Y Y Y Y 0 3 1 2 2 0 0 7					
	City	State	Zip Code	Transaction ID: A176D74575CC44EB495			
	Poteau	OK	74953	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		100.00			
	Name of Employer Poteau Public Schools	Occupation Nurse	on				
	Receipt For:		e Year-to-Date 🔻				
	Primary General	, iggi egui					
	Other (specify)	0 0	300.00				
_	Full Name (Last, First, Middle Initial)						
В.	Ms. Joanne Ruth			Date of Receipt			
	Mailing Address 4107 N. Chestnut	03 / D D / Y Y Y Y 2007					
	City	State	Zip Code	Transaction ID: A78B0A6AD73644A3E82			
	Colorado Springs	CO	80907-4113	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		100.00			
	Name of Employer University of Colorado	Occupatio	on	_			
	University of Colorado	Professo	or				
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	Primary General		000.00				
	Other (specify)	0 0	200.00				
– C.	Full Name (Last, First, Middle Initial) Ms. Janice J. Lowery			Date of Receipt			
0.	Mailing Address 2407 Center St						
				03 12 2007			
	City	State	Zip Code	Transaction ID: A1675F179DB8E45B796I			
	<u>Columbia</u>	SC	29204-2206	Amount of Each Receipt this Period			
	FEC ID number of contributing			100.00			
	federal political committee.	C		100.00			
	Name of Employer Richmond Co Health Dept	Occupatio RN	on				
	Receipt For:		e Year-to-Date 🔻				
	Primary General	Aggregat		-			
	Other (specify)		200.00				
Г							
	SUBTOTAL of Receipts This Page (optional)			300.00			
┝							
	TOTAL This Period (last page this line number	er only)					

ç	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13/43				
	· · ·		Use separate schedule(s) for each category of the	(check only one)				
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Outifinally Lage					
A c	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r	not be sold or used by any pers ess of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Nurses Association PAC							
∠ A.	Full Name (Last, First, Middle Initial) Ms. Jarris T Bradford			Date of Receipt				
	Mailing Address 700 Esplanade Garde Apt 13h	ens Plz		M M / D D / Y				
	City	State	Zip Code	Transaction ID: A753CA0DB08F64578B0				
	New York	NY	10039	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer NORTH CENTRAL BRONX HOSP	Occupation Nurse						
	Receipt For:	I	Year-to-Date ▼					
	Primary General	Aggregate						
	Other (specify)	0 0	200.00					
В.	Full Name (Last, First, Middle Initial) Ms. Maxine Ferguson			Date of Receipt				
	Mailing Address 178 Franklin Mine Rd	l		M M / D D / Y				
	City	State	Zip Code	Transaction ID: A8D0CF9FF51C843A489				
	Helena	MT	59602-7111	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Information Requested	Occupation Informatio	n Requested					
	Receipt For:	Aggregate)	∕ear-to-Date ▼					
	Primary General Other (specify) ▼		200.00					
 C.	Full Name (Last, First, Middle Initial) Janet Standard			Date of Receipt				
	Mailing Address 270 Broadway #22c			0 3 1 2 2 0 0 7				
	City	State	Zip Code	Transaction ID: A9EBD93C314304ED7A				
	New York	NY	10007	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		200.00				
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Any information copied from such Reports and	Statements may not be sold or used by any pe	rson for the purpose of soliciting contributions		
	ne name and address of any political committee	to solicit contributions from such committee.		
American Nurses Association PAC				
Full Name (Last, First, Middle Initial) Ms. Judith A. Collins		Date of Receipt		
Mailing Address 2814 Tremont Ave		M M / D D / Y Y Y Y 03 13 2007		
City	State Zip Code	Transaction ID: A62B148B5768E472A8		
Davenport	IA 52803-1755	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		240.00		
Name of Employer Psychology Assoc	Occupation Clinical Nurse Specialist			
Receipt For:	Aggregate Year-to-Date V			
Primary General				
Other (specify)	240.00			
Full Name (Last, First, Middle Initial) Ms. Elizabeth D. Carlson		Date of Receipt		
Mailing Address 1808 Bates Ave				
Maining / Ref 666 1000 Dates Ave		03 13 2007		
City	State Zip Code	Transaction ID: AC33310F9319545C99		
Springfield	IL 62704	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	200.00		
Name of Employer Mennonite College of Nurs-	Occupation	—		
Mennonite Collége of Nurs- ing	Nurse			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify)	200.00			
Full Name (Last, First, Middle Initial)				
Ms. Joan Absher		Date of Receipt		
Mailing Address 715 E. 2nd St		M M / D D / Y Y Y Y 03 13 2007		
City	State Zip Code	Transaction ID: AACE8E9631E3E490F		
Hope	AR 71801-4606			
	ALL / 1001-4000	Amount of Each Receipt this Period		
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Name of Employer Medical Park	Occupation	—		
	RN			
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Primary General		640.00		

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	Mailing Address 20770 Juniper Ln				03	/ [1	D / Y 3		0 [°] 07		
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- В.	Full Name (Last, First, Middle Initial) Ms. Melissa G Justice				Date of	Recei	pt					
	Mailing Address 1506 Sharps Ridge Li	n			^м 0 3	/ [1			0 [°] 07		
	City	State	Zip Code		Transaction ID: A0CD5D93B121944449A				49AE			
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- c.	Full Name (Last, First, Middle Initial) Dr. Kathryn L Fiandt				Date of	Recei	pt					
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Primary General Other (specify) ▼ 300.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 6 Meadow St Apt 7 City State Zip Code Clinton NY 13323 FEC ID number of contributing tederal political committee. C Name of Employer University of Rochester Occupation RN Rn Aggregate Year-to-Date ▼ Primary General 200.00			Nurse			
Other (specify) ▼ 300.00 Full Name (Last, First, Middle Initial) Date of Receipt Ms. Susan A Hauptfleisch Date of Receipt Mailing Address 6 Meadow St Apt 7 City State Zip Code Clinton NY 13223 FEC ID number of contributing federal political committee. C Name of Employer University of Rochester RN Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 200.00			Aggregate Year-to-Date 🔻			
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 Transaction ID: AF375C04CB20948B8A Name of Employer Occupation RN Receipt For: Aggregate Year-to-Date ▼ 200.00 Primary General 200.00		Primary General	200.00			
Ms. Susan À Hauptfleisch Date of Receipt 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 University of Rochester Occupation RN Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 200.00		Other (specify)	300.00			
Ms. Susan À Hauptfleisch Date of Receipt 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 University of Rochester Occupation RN Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 200.00	_					
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 University of Rochester Occupation RN Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 200.00						
City State Zip Code Transaction ID: AF375C04CB20948B8A Clinton NY 13323 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 200.00 Name of Employer University of Rochester Occupation RN 200.00 Receipt For: Aggregate Year-to-Date ▼ 200.00 Other (specify) ▼ 200.00 450.00	•	•				
City State Zip Code Transaction ID: AF375C04CB20948B8A Clinton NY 13323 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 200.00 Name of Employer University of Rochester Occupation RN Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 200.00		Mailing Address 6 Meadow St Apt 7				
Clinton NY 13323 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer University of Rochester Occupation RN 200.00 Receipt For: Aggregate Year-to-Date ✓ Primary General 200.00		011				
FEC ID number of contributing federal political committee. C 200.00 Name of Employer University of Rochester Occupation RN RN Receipt For: Aggregate Year-to-Date ▼ 200.00 Primary General 200.00 Other (specify) ▼ 200.00 450.00		-	·			
federal political committee. 200.00 Name of Employer University of Rochester Occupation RN Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 200.00		Clinton	NY 13323	Amount of Each Receipt this Period		
Image: rederal political committee. Name of Employer University of Rochester Receipt For: Primary General Other (specify) ▼			C	200.00		
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		federal political committee.				
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00 450.00		Name of Employer	Occupation			
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Other (specify) ▼ 200.00				_		
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		TOTAL This Period (last page this line number	опіу)			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 43 (check only one) I1a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ms. Cynthia A. Morris Mailing Address P o Box 107 Udall Brook Road City Quechee FEC ID number of contributing federal political committee. Name of Employer Dartmouth Hitchcock Receipt For: Primary General	State Zip Code VT 05059-0107 C Occupation RN Aggregate Year-to-Date ▼ 200.00	Date of Receipt
-	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Veronica S Lincoln Mailing Address 7617 35th NW City Gig Harbor FEC ID number of contributing federal political committee. Name of Employer Tacoma General Hospital Receipt For: Primary General Other (specify) ▼	200.00 State Zip Code WA 98335 C Occupation RN Aggregate Year-to-Date ▼ 200.00	Date of Receipt 0 3 / 1 5 / 2 0 0 7 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 Yuma FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code AZ 85364 C Occupation RN Aggregate Year-to-Date ▼ 225.00	Date of Receipt
	SUBTOTAL of Receipts This Page (optional)		▶ 500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $18/43$ (check only one)X11a11b121314151617
	NAME OF COMMITTEE (In Full) American Nurses Association PAC	a name and address of any political committee t	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ms. Maureen S Abaray Mailing Address 2135 Sunwest Dr City Lodi FEC ID number of contributing federal political committee. Name of Employer Sr.Joseph's Care Van Receipt For: Primary General Other (specify) ♥	State Zip Code C Occupation Nurse Aggregate Year-to-Date Image: State	Date of Receipt
- B.	Full Name (Last, First, Middle Initial) Ms. Carolyn D. Smeltzer Mailing Address 131 Smotherman Ct City Murfreesboro FEC ID number of contributing federal political committee. Name of Employer Vanderbilt Univ. Hospital Receipt For: Primary General Other (specify) ▼	State Zip Code TN 37129 C Occupation RN Aggregate Year-to-Date ▼ 200.00	Date of Receipt 0 3 / 1 6 / 2 0 0 7 Transaction ID: A665A8A95AC8C4372805 Amount of Each Receipt this Period 100.00
с.	Full Name (Last, First, Middle Initial) Ms. Linda J. Rubino Mailing Address 1401 Persimmon Ave City Metairie FEC ID number of contributing federal political committee. Name of Employer United Healthcare Receipt For: Primary General Other (specify) ♥	State Zip Code LA 70001 C Occupation RN Aggregate Year-to-Date 200.00	Date of Receipt
[SUBTOTAL of Receipts This Page (optional)		350.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/43 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may he name and add	L y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
A .	Full Name (Last, First, Middle Initial) Ms. Jean E. Waite Mailing Address 2121 Hepburn St Apt #911 City Houston FEC ID number of contributing federal political committee. Name of Employer The Methodist Hospital Receipt For: Primary General Other (specify) ▼	State TX C Occupation RN Aggregate	Zip Code 77054-3242 n • Year-to-Date ▼ 200.00	Date of Receipt M M M / D D / Y Y Y Y 0 3 / D D / Y Y Y Y Transaction ID: AA0432316891F40BDB5 Amount of Each Receipt this Period 200.00
_ B.	Full Name (Last, First, Middle Initial) Mr. David W Jennis Mailing Address 147 Hampton Roads City Hampton FEC ID number of contributing federal political committee. Name of Employer RIVERSIDE REGIONAL MEDICAL Receipt For: Primary General Other (specify) ▼	State VA C Occupation Nurse	Zip Code 23661-3410 n • Year-to-Date 200.00	Date of Receipt
	Full Name (Last, First, Middle Initial) Ms. Jeanette May Anderson Mailing Address 7805 Acapulco Rd Nursing Dept City Fort Worth FEC ID number of contributing federal political committee. Name of Employer JMA Nursing Consulant Receipt For: Primary General Other (specify)		Zip Code 76112-6116 n e Professor e Year-to-Date 200.00	Date of Receipt 0 3 / 1 9 / 2 0 0 7 Transaction ID: A5D8D124B12DC490B9 Amount of Each Receipt this Period 200.00
Γ	SUBTOTAL of Receipts This Page (optional)		······	600.00

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5	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 20 / 43			
	. ,	Use separate schedule(s) for each category of the	(check only one)			
	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12			
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4	Any information copied from such Reports and	Statements may not be sold or used by any pers	on for the purpose of soliciting contributions			
C	r for commercial purposes, other than using th	e name and address of any political committee to	o solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	American Nurses Association PAC					
Z						
	Full Name (Last, First, Middle Initial)					
•	Ms. Syble J Cretzmeyer		Date of Receipt			
	Mailing Address 18510 Borland Rd		03 20 2007			
	City	State Zip Code				
			Transaction ID: AD83A0A07562C4425			
	Higginsville	MO 64037-9715	Amount of Each Receipt this Period			
	FEC ID number of contributing	C	100.00			
	federal political committee.					
	Name of Employer Central Missouri State Un-	Occupation	—			
	Central Missouri State Un- ivers	NP				
	Receipt For:	Aggregate Year-to-Date V				
	Primary General					
	Other (specify)	200.00				
	· · · · ·					
	Full Name (Last, First, Middle Initial)					
	Nancy C. Yuill	Date of Receipt				
	Mailing Address 14118 Shamrock Par	M M / D D / Y Y Y Y				
			03 20 2007			
	City	State Zip Code	Transaction ID: ACEE0033729B34CB			
	Sugar Land	TX 77478	Amount of Each Receipt this Period			
	FEC ID number of contributing	^	100.00			
	federal political committee.	C	100.00			
	Name of Employer	Occupation	_			
	Name of Employer Houstons Baptist Universi-	BN				
	ty Receipt For:	1 ¹				
	Primary General	Aggregate Year-to-Date				
	Other (specify)	200.00				
-	Full Name (Last, First, Middle Initial)					
	Judith Craig		Date of Receipt			
	Mailing Address 2603 NE 1st Dr		M M / D D / Y Y Y Y			
			03 20 2007			
	City	State Zip Code	Transaction ID: AB4782930A93F4656			
	Hillsboro	OR 97124-2383	Amount of Each Receipt this Period			
	FEC ID number of contributing		000.00			
	federal political committee.		200.00			
	Name of Employer PROVIDENCE ST PETER HSP	Occupation				
		Nurse				
	Receipt For:	Aggregate Year-to-Date ▼				
	Receipt For: Primary General					
	Receipt For:	Aggregate Year-to-Date 200.00				
	Receipt For: Primary General					
	Receipt For: Primary General	200.00	400.00			

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 43 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Nurses Association PAC	the name and add	riot be sold of used by any pers dress of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ms. Melissa G Justice Mailing Address 1506 Sharps Ridge	Ln		Date of Receipt
	City	State	Zip Code	0 3 2 0 2 0 0 7 Transaction ID: ACDB63C1CDA0E45689AE
	Lafollette	TN	37766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Premier Weight Management	Occupation Nurse	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00]
в.	Full Name (Last, First, Middle Initial) Ms. Tracey T. Stansberry Mailing Address 258 Woodland Plac	e		Date of Receipt
	City	State	Zip Code	0 3 2 1 2 0 0 7 Transaction ID: AE47DCE922CE94C77AB9
	Huntsville	TN	37756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Tenn. Plateau Oncology Cl- inic	Occupation RN		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 200.00]
с.	Full Name (Last, First, Middle Initial) Ms. Linda C. Devries Mailing Address 7 Snowmound Ct			Date of Receipt
	City	State	Zip Code	Transaction ID: A7B8E482491784665AA6
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DeVries & Associates, PSC	Occupation RN		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00	
	SUBTOTAL of Receipts This Page (optional)		600.00
	TOTAL This Period (last page this line numb	oer only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 43 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 erson for the purpose of soliciting contributions 11 11 11
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	e name and address of any political committee	e to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ms. Julie A Johnson Mailing Address W7753 Coyne Rd City Fond Du Lac FEC ID number of contributing federal political committee. Name of Employer Fond Du Lac Regional Clinic Receipt For: Primary General	State Zip Code WI 54937 C Occupation Nurse Aggregate Year-to-Date ▼ 200.00	Date of Receipt 0 3 / 2 1 / 2 0 0 7 Transaction ID: A9DC3280A04C44ABD961 Amount of Each Receipt this Period 200.00
В.	Other (specify) Full Name (Last, First, Middle Initial) Richard Pessagno Mailing Address 103 Sunshine Lakes City Voorhees FEC ID number of contributing federal political committee. Name of Employer University of Med & DDS of NJ Receipt For:		Date of Receipt 0 3 / 2 1 / 2 0 0 7 Transaction ID: A9CCB132A9AED4E7FB9A Amount of Each Receipt this Period 200.00
- C.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Anne M. McNamara Mailing Address 6511 N. Maryland Cin City Phoenix FEC ID number of contributing federal political committee. Name of Employer Arizona Hospital Association Receipt For: Primary General Other (specify) ▼	State Zip Code AZ 85013-1030 C Occupation Project Manager Aggregate Year-to-Date Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y 2 1 / 2 0 0.7 Transaction ID: A68ED60C71DC24715836 Amount of Each Receipt this Period 400.00
[SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		► 800.00

	A	FOR LINE NUMBER: PAGE 23/43				
SCHEDULE A (FEC Form 3)		(check only one)				
TEMIZED RECEIPTS	for each category of the	\overline{X} 11a $\overline{11b}$ 11c $\overline{12}$				
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Any information conied from such Bonorte or	ad Statements may not be cold or yead by any r	person for the purpose of soliciting contributions				
or for commercial purposes, other than using	the name and address of any political committe	ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)						
American Nurses Association PAC						
/ American Nuises Association 1 Ao						
Full Name (Last, First, Middle Initial)						
Ms. Anita M. Chesney		Date of Receipt				
Mailing Address 4770 Whites Creek	Pike	M M / D D / Y Y Y Y				
		03 21 2007				
City	State Zip Code	Transaction ID: AA9E7B070262B4339A				
Whites Creek	TN 37189	Amount of Each Receipt this Period				
FEC ID number of contributing		200.00				
federal political committee.						
Name of Employer	Occupation	——				
Name of Employer United States Army	RN					
Receipt For:						
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	200.00					
		0				
Full Name (Last, First, Middle Initial)						
Ms. Debra L Schutte						
Mailing Address 3378 Lower West E	M M / D D / Y Y Y					
	03 21 2007					
City	State Zip Code	Transaction ID: A197CDE2BC01C4EE				
lowa City	IA 52245-4102	Amount of Each Receipt this Period				
FEC ID number of contributing		100.00				
federal political committee.	C	100.00				
Nome of Employer	Occuration					
Name of Employer University of Iowa College	Occupation Doctoral Student					
of Nursing						
Receipt For-						
Receipt For:	Aggregate Year-to-Date					
Primary General	200.00					
Primary General Other (specify) ▼						
Primary General		Date of Receipt				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		Date of Receipt				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70	200.00	Date of Receipt				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City City	State Zip Code	Date of Receipt				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70	200.00	Date of Receipt				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City City	200.00 State Zip Code OK 73448-9520	Date of Receipt M M / D D / Y Y Y Y 0 3 / D D / Y Y Y Y Transaction ID: A3754C75618074299B Amount of Each Receipt this Period				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta	State Zip Code	Date of Receipt 0 3 / 2 1 / 2 0 0 7 Transaction ID: A3754C75618074299B				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta FEC ID number of contributing federal political committee.	200.00 State Zip Code OK 73448-9520	Date of Receipt M M / D D / Y Y Y Y 0 3 / D D / Y Y Y Y Transaction ID: A3754C75618074299B Amount of Each Receipt this Period				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta FEC ID number of contributing federal political committee. Name of Employer Marcy Love Co. Rural Heal-	200.00 State Zip Code OK 73448-9520 C Occupation	Date of Receipt M M / D D / Y Y Y Y 0 3 / D D / Y Y Y Y Transaction ID: A3754C75618074299B Amount of Each Receipt this Period				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta FEC ID number of contributing federal political committee. Name of Employer Mercy Love Co. Rural Heal-th Clinic	State Zip Code OK 73448-9520 C Occupation Nurse	Date of Receipt M M / D D / Y Y Y Y 0 3 / D D / Y Y Y Y Transaction ID: A3754C75618074299B Amount of Each Receipt this Period				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta FEC ID number of contributing federal political committee. Name of Employer Mercy Love Co. Rural Heal-th Clinic Receipt For:	200.00 State Zip Code OK 73448-9520 C Occupation	Date of Receipt M M / D D / Y Y Y Y 0 3 / D D / Y Y Y Y Transaction ID: A3754C75618074299B Amount of Each Receipt this Period				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta FEC ID number of contributing federal political committee. Name of Employer Mercy Love Co. Rural Heal-th Clinic	State Zip Code OK 73448-9520 C Occupation Nurse	Date of Receipt 0 3 / 2 1 / 2 0 0 7 Transaction ID: A3754C75618074299B Amount of Each Receipt this Period 200.00				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta FEC ID number of contributing federal political committee. Name of Employer Mercy Love Co. Rural Heal- th Clinic Receipt For: Primary General	State Zip Code OK 73448-9520 C Occupation Nurse Aggregate Year-to-Date	Date of Receipt 0 3 ' 2 1 ' 2 0 0 7 Transaction ID: A3754C75618074299B Amount of Each Receipt this Period 200.00				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta FEC ID number of contributing federal political committee. Name of Employer Mercy Love Co. Rural Heal- th Clinic Receipt For: Primary General	State Zip Code OK 73448-9520 C Occupation Nurse Aggregate Year-to-Date	Date of Receipt 0 3 / 2 1 / 2 0 0 7 Transaction ID: A3754C75618074299B Amount of Each Receipt this Period 200.00				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta FEC ID number of contributing federal political committee. Name of Employer Mercy Love Co. Rural Heal- th Clinic Receipt For: Primary General	State Zip Code OK 73448-9520 C Occupation Nurse Aggregate Year-to-Date Aggregate Year-to-Date ▼	Date of Receipt 0 3 / 2 1 / 2 0 0 7 Transaction ID: A3754C75618074299B Amount of Each Receipt this Period 200.00				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 43				
ITEMIZED RECEIPTS	,	for each category of the	(check only one)				
IT EIVIZED RECEIPTS		Detailed Summary Page					
			13 14 15 16 17				
			on for the purpose of soliciting contributions osolicit contributions from such committee.				
NAME OF COMMITTEE (In Fu							
American Nurses Associat	,						
Full Name (Last, First, Middle In Ms. Helen M Thamm	itial)		Dete of Descript				
Ms. Helen M Thamm Mailing Address 4012 No O			Date of Receipt				
Maining Address 4012 NO O			03 21 Y Y Y 03 21				
City	State	Zip Code	Transaction ID: A1729A9748A3044D9B				
Norridge	IL	60634-1120	Amount of Each Receipt this Period				
FEC ID number of contributing	0		200.00				
federal political committee.	C		200.00				
Name of Employer	Occupatio	n					
Hot Springs Counseling Ce- nter	RN						
Receipt For:	I	e Year-to-Date 🔻	-1				
Primary General		· · · · · · · ·					
Other (specify)		200.00					
Full Name (Last, First, Middle In Lucy Welch	itial)		Date of Receipt				
Mailing Address 157 Rutlan	d Rd						
			03 21 2007				
City	State	Zip Code	Transaction ID: AB863061FB7D048608				
Glen Rock	NJ	07452-1237	Amount of Each Receipt this Period				
FEC ID number of contributing	С		200.00				
federal political committee.							
Name of Employer Newbridge Services Inc	Occupatio	n	-				
Newbridge Services Inc	RN						
Receipt For:	Aggregate	e Year-to-Date 🔻					
Primary General		200.00	1				
Other (specify)	0 0						
Full Name (Last, First, Middle In	itial)						
Ms. Millicent L James	(iiii)		Date of Receipt				
Mailing Address 8936 215th	St						
0:1-1	01-11-	7'- 0 - 1-	03 22 2007				
City Queens Village	State NY	Zip Code	Transaction ID: A99CA79B2A9FA40679				
	IN F	11427	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer MT SIANI MED CENTER	Occupatio	n					
Receipt For:	RN	Verste Dete 🕊	_				
Primary General	Aggregate	e Year-to-Date 🔻	-				
Other (specify)		200.00					
	0.0	U 0 0 0 0 0 0	-				
	I						
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			-				
TOTAL This Period (last page this	line number only)						

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 43				
			for each category of the	(check only one)				
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
[An information control from such Departs and	Otatamanta ma		13 14 15 16 17				
	Any information copied from such Reports and or for commercial purposes, other than using th	he name and ad	ldress of any political committee	to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Nurses Association PAC							
	/							
Α.	Full Name (Last, First, Middle Initial) Ms. D. Monsivais			Date of Receipt				
А.	Mailing Address 440 Clayton Rd							
				03 22 2007				
	City	State	Zip Code	Transaction ID: A84832D7E35E54B41B0				
	El Paso	TX	79932-2305	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		100.00				
	federal political committee.							
	Name of Employer Univ of Texas at El Paso	Occupatio	on	—				
	Univ of Texas at El Paso	RN						
	Receipt For:	e Year-to-Date 🔻						
	Primary General	1 1	200.00					
	Other (specify)							
-	Evil Norma (Last First Middle Initial)							
в.	Full Name (Last, First, Middle Initial) Ms. Debra McMire			Date of Receipt				
	Mailing Address 6 Ardsley Place							
		03 22 2007						
	City	State	Zip Code	Transaction ID: A18AC9F4522A44680B4				
	Hainesport	NJ	08036-6247	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		100.00				
	federal political committee.							
	Name of Employer Delaware Valley Pediatric	Occupatio	on					
	Assoc	RN						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Other (specify)		200.00					
		0 0	0 0 0 0 0 0 0	_				
-	Full Name (Last, First, Middle Initial)							
C.	Ms. Jean B. Blackburn			Date of Receipt				
	Mailing Address 500 S. Crest Rd			M M / D D / Y Y Y Y 03 22 2007				
	City	State	Zip Code	Transaction ID: A453FBB9000384A719C				
	Chattanooga	TN	37404-5915	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	· .							
	Name of Employer Family Systems Therapy	Occupatio	n					
	Receipt For:	RN	e Year-to-Date 🔻					
	Primary General	Aggregate	e Year-to-Date •	-				
	Other (specify) ▼		200.00					
				-				
[*						
	SUBTOTAL of Receipts This Page (optional)			▶ 300.00				
				_				
	TOTAL This Period (last page this line number	er only)						

	•••••••					
Č	SCHEDULE A (FEC Form 3X))	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 43 (check only one)		
ľ	TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12		
			Detailed Summary Page			
	Any information copied from such Reports and	Statements ma	y not be sold or used by any pers	on for the purpose of soliciting contributions		
Ľ	or for commercial purposes, other than using t	he name and ad	dress of any political committee t	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Nurses Association PAC					
∡ A.	Full Name (Last, First, Middle Initial) Ms. Josephine D Ortiz			Date of Receipt		
	Mailing Address 649 East 221st St	M M / D D / Y Y Y Y 03 23 2007				
	City	State	Transaction ID: A183F7F50B4FD45EBBA			
	Carson	CA	90745-3210	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer Kaiser Permanente	Occupatio RN	_			
	Receipt For:		e Year-to-Date 🔻			
	Primary General	, iggi ogut				
	Other (specify)	0 0	225.00			
— В.	Full Name (Last, First, Middle Initial) Mr. Donnie J. Scott			Date of Receipt		
	Mailing Address 4 Cheyenne Loop	M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·				
	City	State	Zip Code	Transaction ID: A2BAFD1629887460EBA		
	Houma	LA	70360-6055	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer Cardiovascular Institute of the South	Occupatio RN	n			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		200.00			
	Other (specify) 🔻	0.0	200.00			
	Full Name (Last, First, Middle Initial)					
C.	Ms. Caroline A Campbell			Date of Receipt		
	Mailing Address PO Box 84			03 / ^D D / Y Y Y Y 23 / 2007		
	City	State	Zip Code	Transaction ID: A54EBA62C0FD947F8BE		
	Kurtistown	HI	96760-0084	Amount of Each Receipt this Period		
	FEC ID number of contributing	0		100.00		
	federal political committee.	C		100.00		
	Name of Employer Hilo Medical Center	Occupatio	n	7		
	Receipt For:	RN	e Year-to-Date 🔻			
	Primary General	Ayyregale				
	Other (specify)		200.00			
_		<u> </u>				
Г	SUBTOTAL of Receipts This Page (optional)			500.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27/43			
	ITEMIZED RECEIPTS		for each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
A	Any information copied from such Reports and or for commercial purposes, other than using the time of the second second second second second second second se	on for the purpose of soliciting contributions					
\mathbf{F}							
	NAME OF COMMITTEE (In Full) American Nurses Association PAC						
	American Nurses Association PAC						
~	Full Name (Last, First, Middle Initial) Ms. Deborah Sanders			Date of Receipt			
	Mailing Address 437 Hide A Way Ln I	Ξ.		M M / D D / Y Y Y Y 0 3 26 2007			
	City	State	Zip Code	Transaction ID: AAA0D958FABD74BC1			
	Lindale	ТХ	75771-5213	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Self Employed	Occupation RN	n	_			
	Receipt For:						
	Primary General	Aggregat					
	Other (specify)	0 0	200.00				
	Full Name (Last, First, Middle Initial) Ms. Mary J. Glenney	1		Date of Receipt			
	Mailing Address 960 Morningwood Dr			0 3 2 6 2 0 0 7			
	City	Transaction ID: A69A08317F5D44A37A					
	San Marcos	ТХ	Zip Code 78666-8453	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Center for Health Care Se- rvices	Occupatio RN	pn	_			
	Receipt For:	Aggregat	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		200.00				
	Full Name (Last, First, Middle Initial)			Dete of Descript			
	Linda Anderson Mailing Address 12800 Churchill Pkw			Date of Receipt			
	Maining Address 12000 Churchill PKW	У		03 26 2007			
	City	State	Zip Code	Transaction ID: A4E9BFA418C2547A1E			
	Goshen	KY	40026	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		200.00			
	Name of Employer Occupation Dr. Sadagee RN						
	Receipt For:		e Year-to-Date 🔻				
	Primary General	ggi ogut					
	Other (specify)		200.00				
-				600.00			
	SUBTOTAL of Receipts This Page (optional)						

	SCHEDULE A (FEC Form 3X	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 28 / 43 (check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions bee to solicit contributions from such committee.
	American Nurses Association PAC		
∠ A.	Full Name (Last, First, Middle Initial) Ms. Ann D. Navage Mailing Address 80 Pond Mill Rd		Date of Receipt
			03 26 2007
	City	State Zip Code CT 06479-1920	Transaction ID: A763EFF5F2BBE45C492
	Plantsville FEC ID number of contributing federal political committee.	CT 06479-1920	Amount of Each Receipt this Period 100.00
	Name of Employer St. Francis Hospital & Medical Center	Occupation RN	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 200.00	
– B.	Full Name (Last, First, Middle Initial)		Date of Receipt
5.	Mailing Address 2610 Warrenton Wa	ay	0 3 2 6 2 0 0 7
	City	State Zip Code	Transaction ID: AB37DB05652BE4F6AB
	Colorado Springs	CO 80922-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		200.00
	Name of Employer El Paso Regional Medical Center	Occupation Nurse	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 200.00	
_ C.	Full Name (Last, First, Middle Initial) Ms. Mildred C. Spiers		Date of Receipt
	Mailing Address 19516 Depot Rd		M M M / D D / Y Y Y Y Y 03 26 2007
	City <u>McKenney</u>	State Zip Code VA 23872-2726	Transaction ID: A1CDF12BC0FB94AB98 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer Sutherland Family Practice	Occupation RN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	
Γ)	400.00

	CHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 29 / 43		
IT		V Use separate schedule(s)			
	EMIZED RECEIPTS	for each category of the	(check only one)		
		Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
Ar	y information copied from such Reports ar	nd Statements may not be sold or used by any pers	son for the purpose of soliciting contributions		
or		the name and address of any political committee t	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)				
	American Nurses Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Victoria Bennett		Date of Receipt		
	Mailing Address PO Box 191		03 26 Y Y Y Y 03 26 2007		
	City	State Zip Code	Transaction ID: A2B0FE78755FE4A2CB2		
	Angoon	AK 99820	Amount of Each Receipt this Period		
	FEC ID number of contributing		000.00		
	federal political committee.		200.00		
	Name of Employer Status Comm. Clinic	Occupation	—		
		RN	_		
	Receipt For:	Aggregate Year-to-Date V			
	Primary General	200.00			
	Other (specify)				
	Full Name (Last, First, Middle Initial)				
В.	Ms. Sharon E Kulkaski	Date of Receipt			
	Mailing Address 1210 Gannet Ct	03 / D D / Y Y Y Y 03 27 2007			
	City	State Zip Code	Transaction ID: A2456F21B86D94F5E91		
	Forked River	NJ 08731	Amount of Each Receipt this Period		
	FEC ID number of contributing				
	federal political committee.		200.00		
	Name of Employer Community Medical Center	Occupation			
	Community Medical Center	RN			
	Receipt For:	Aggregate Year-to-Date			
	Primary General	200.00			
	Other (specify) v	200.00			
	Full Name (Last, First, Middle Initial)				
С.	Nancy Bonalumi		Date of Receipt		
	Mailing Address 1297 Hillside Dr		03 27 2007		
	City	State Zip Code	Transaction ID: ADD480813362D4D0C83		
	Lancaster	PA 17603-4704	Amount of Each Receipt this Period		
	FEC ID number of contributing		100.00		
	federal political committee.				
	Name of Employer Childrens Hospital of Ph-	Occupation			
	iladelphia	Nurse			
	Receipt For:	Aggregate Year-to-Date 🔻			
	Primary General	200.00			
	Other (specify)				
Г					
s	UBTOTAL of Receipts This Page (optiona	ـــــــــــــــــــــــــــــــــــــ	500.00		

_		^		FOR LINE NUMBER: PAGE 30 / 43				
	6CHEDULE A (FEC Form 3)	()	Use separate schedule(s)	(check only one)				
I	TEMIZED RECEIPTS		for each category of the	\overline{X} 11a $\overline{11b}$ 11c $\overline{12}$				
			Detailed Summary Page					
	Any information copied from such Reports ar or for commercial purposes, other than using	on for the purpose of soliciting contributions o solicit contributions from such committee.						
Γ	NAME OF COMMITTEE (In Full)							
	American Nurses Association PAC							
∡ A.	Full Name (Last, First, Middle Initial) Deborah A. Saber-Moore	Date of Receipt						
	Mailing Address 3341 Horseshoe Be	end Ct		M M / D D / Y				
	City	State	Zip Code	Transaction ID: AA0E3E2AA2E7A4E1CB				
	Longwood	FL	32779	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Florida Hospital-Altamonte	Occupation RN	1	_				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General		200.00					
	Other (specify) ▼	0 0	200.00					
– В.	Full Name (Last, First, Middle Initial) Ms. Beth Ennis	I		Date of Receipt				
	Mailing Address PO Box 1048			M M / D D / Y Y Y Y 03 27 2007				
	City	State	Zip Code	Transaction ID: ABD2DDBBA32FC4EB0B				
	Tonopah	NV	89049	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer NV State Health Division	Occupation RN	1					
	Receipt For:	Aggregate	Year-to-Date V	-				
	Primary General Other (specify) ▼		225.00]				
- C.	Full Name (Last, First, Middle Initial) Ms. M. B. Hoffart			Date of Receipt				
	Mailing Address 611 9th Ave NE			03 27 2007				
	City	State	Zip Code	Transaction ID: AE8259BB952BA4BB08F				
	Minot	ND	58703	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer Minot State University	Occupation Professor						
	Receipt For: Primary General Other (specify) ▼							
Γ		al)		500.00				

	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) 11a X 11a 11b 11c 12
[Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma	y not be sold or used by any per	13 14 15 16 17
	NAME OF COMMITTEE (In Full) American Nurses Association PAC			
A.	/ Full Name (Last, First, Middle Initial) Ms. Anne Lucero			Date of Receipt
	Mailing Address 406 Baltusrol Dr			M M / D D / Y Y Y Y 0 3 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: AE802A69763E54A298B8
	Aptos	CA	95003-5408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Cabrille College	Occupatio Professo		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	200.00	
- B.	Full Name (Last, First, Middle Initial) Ms. Kathy Player			Date of Receipt
	Mailing Address 16426 S. Mtn Stone	Trail		03 29 Y Y Y Y 003 29 2007
	City	State	Zip Code	Transaction ID: A501CD96883F3410695A
	Phoenix	AZ	85048-2078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Ken Blanchard College of	Occupatio		
	Business Receipt For:		of RN BSN Program	
	Primary General Other (specify) ▼		200.00	
- C.	Full Name (Last, First, Middle Initial) Ms. Julie A Johnson			Date of Receipt
	Mailing Address W7753 Coyne Rd			0 3 2 9 2 0 0 7
	City	State	Zip Code	Transaction ID: A3B359BA64D2C491891
	Fond Du Lac	WI	54937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Fond Du Lac Regional Clin- ic	Occupatio Nurse	bu in the second s	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 400.00	
	SUBTOTAL of Receipts This Page (optional)		600.00
ľ	TOTAL This Period (last page this line numb	per only)		

Any or fo	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	for De	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 32 / 43 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any or fo	information copied from such Reports and \$	De				
or fo	information copied from such Reports and S or commercial purposes, other than using the		dalied outfittary r age			
or fo	information copied from such Reports and S or commercial purposes, other than using the	Ctatamanta may not h				
	or commercial parpeoses, other than doing the	e name and address	e sold or used by any pers	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
· / '	American Nurses Association PAC					
	Full Name (Last, First, Middle Initial) Martha Faulkner			Date of Receipt		
Ν	Mailing Address 1112 Girard Blvd NE			03 / D D / Y Y Y Y 03 30 2007		
Ċ	City	State Z	Zip Code	Transaction ID: A369A95EACABC48E18		
<u>/</u>	Albuquerque	NM 8	37106	Amount of Each Receipt this Period		
	EC ID number of contributing ederal political committee.	C		200.00		
N F	Name of Employer Program for Children	Occupation RN		_		
F	Receipt For:	Aggregate Year-				
	Primary General					
	Other (specify)		200.00			
	Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens			Date of Receipt		
	Mailing Address Hc 73 Box 70					
_		03 30 2007				
(City	lip Code	Transaction ID: A250E27122A304ADD85			
<u>1</u>	Marietta	OK 7	73448-9520	Amount of Each Receipt this Period		
	FEC ID number of contributing ederal political committee.	C		200.00		
1	Name of Employer Mercy Love Co. Rural Heal-	Occupation Nurse				
	<u>th Clínic</u> Receipt For:	Aggregate Year-	to-Date 🔻	-		
	Primary General	riggi ogulo i ou		1		
	Other (specify)	0 0 0 0	400.00			
	Full Name (Last, First, Middle Initial) Ms. Judy W Otts			Date of Receipt		
-	Mailing Address PO Box 334			03 30 2007		
(Dity	State Z	Zip Code	Transaction ID: A90901F88BC904E889F		
	Kosciusko	MS a	39090	Amount of Each Receipt this Period		
	EC ID number of contributing	C		100.00		
	ederal political committee.		1 1 1			
1	Name of Employer Manhattan Health Care	Occupation RN				
F	Receipt For:	Aggregate Year-	to-Date 🔻	7		
	Primary General		200.00	1		
	Other (specify)	0 0 0	200.00			
	BTOTAL of Receipts This Page (optional) .	1		500.00		

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 33 / 43 (check only one)			
1			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11			
	Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and ad	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
A.	American Nurses Association PAC						
	Full Name (Last, First, Middle Initial) Ms. Vincentina Grablauskas	Date of Receipt					
	Mailing Address 60 Warren Grove Re	M M / D D / Y Y Y Y 03 30 2007					
	City	State	Zip Code	Transaction ID: A8CCD6C0CBCB841A			
	Barnegat	NJ	08005	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Multi Medical Associates	Occupatio RN	pn				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		200.00]			
-	Full Name (Last, First, Middle Initial) Ms. Mary McCutcheon	Date of Receipt					
	Mailing Address 530 42nd Ave			03 / ^D D / Y Y Y Y 03 30 2007			
	City	State	Zip Code	Transaction ID: A09C2D7E912B54691			
	San Francisco	CA	94121-2531	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer SF County	Occupation Director,	on Client Services	_			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify)	0 0	200.00]			
_	Full Name (Last, First, Middle Initial) Roberta A Capewell			Date of Receipt			
	Mailing Address 108 S. Baton Rouge	03 30 Y Y Y Y Y 2007					
	City	State	Zip Code	Transaction ID: AD7431FF2671A4C9E			
	Ventnor	NJ	08406	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Personal Touch Inc						
	Receipt For: Primary General Other (specify) ▼]					
Γ	SUBTOTAL of Receipts This Page (optional)		650.00			
		,	·	14690.00			
	TOTAL This Period (last page this line numb	per only)	I				

	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) 11a 11a 11b 11c 12 13 14 15 16 ¥17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Nurses Association PAC			
Α.	Full Name (Last, First, Middle Initial) Sun Trust Bank			Date of Receipt
	Mailing Address PO Box 622227			M M / D D / Y
	City	State	Zip Code	Transaction ID: A133E57ADAE294E7CAB9
	Orlando	FL	32862-2227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		141.10
	Name of Employer	Occupatio	n	- interest
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.14]

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

CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 35 / 43			
EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	vone)		
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 2 28c 29 3	
y Information copied from such Reports and State for commercial purposes, other than using the nar		by any person fo	or the purpose of solicit	ing contributions	
NAME OF COMMITTEE (In Full)	no and address of any political C				
American Nurses Association PAC					
Full Name (Last, First, Middle Initial) Sun Trust Bank			Date of Disbursemer		
Mailing Address PO Box 622227			03 ^M /31 ^D	Y ŽOÖ7	
City Orlando	StateZip CodeFL32862-2227		Amount of Each Disl	bursement this Period	
Purpose of Disbursement bank fees				2088.98	
Candidate Name		Category/ Type			
Senate President	eement For: Primary General Other (specify) ▼	20-			
State: District:					
Full Name (Last, First, Middle Initial) Bank of America		Date of Disbursemer			
Mailing Address PO Box 27025		03 ^{//} 31	Ý ŽOÖ7		
City Richmond	StateZip CodeVA23261		Amount of Each Disl	bursement this Period	
Purpose of Disbursement bank fees				485.84	
Candidate Name		Category/ Type			
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial)			Transaction ID: DO		
Sun Trust Bank c/oNOVA Regions Bank		Date of Disbursemer			
Mailing Address 7300 Chapmans Hwy			03 ^M /31	Ý ŽOÖ7Ÿ	
City KNoxville	StateZip CodeTN37920		Amount of Each Disl	bursement this Period	
Purpose of Disbursement credit card fees				700.69	
Candidate Name		Category/ Type			
Senate President	ement For: Primary General Other (specify)				
State: District:				0 0 0 0 0	
UBTOTAL of Disbursements This Page (optional))	►		3275.51	

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•	Use separate schedule(s)				R LINE NUMBER: PAGE 36 / 43 eck only one)								
EMIZED DISBURSE	for each categor Detailed Summa			21b 27		e) 22 28a	X 23 28t	,	24 28c	25	\square	26 30	
y Information copied from such for commercial purposes, other													
NAME OF COMMITTEE (In For American Nurses Association	,												
Full Name (Last, First, Middle I Hoosiers Supporting Buye	,	;				Transaction ID: B97ADB91B12144D49 Date of Disbursement							49
Mailing Address 200 N M	ain St						0 3	1 / [1 9 ^D	/ Y	ź o č	7 ^Y	
City Monticello		4	Amour	nt of Ea	ch Dis	burse	ment this		d				
Purpose of Disbursement											1000	.00	
Candidate Name Rep. Steve E. Buyer		Cate Ty	gory/ ce										
Office Sought: X House Senate Preside	nt		2008 General 7										
State: IN District: 04 Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS								action I f Disbu	-		D3088F	7847 [.]	13
Mailing Address PO BOx 23940							03	1 / [°1 2	/ Y	ź o č	7 [°]	
City Santa Barbara		State Zip C CA 9312				1	Amour	nt of Ea	ch Dis	burse	ment this	s Perio	d
Purpose of Disbursement									1000	.00			
Candidate Name Rep. Lois Capps	(Cate Ty	gory/ ce										
Office Sought: X House Senate Preside State: CA District: 23	nt		2008 General										
Full Name (Last, First, Middle I DIANA DEGETTE FOR C								action I f Disbu			A77FB	9941(21
Mailing Address PO Box	61337						03	1 / [1 ^D	/ Y	2°0 č	7 ^Y	
City Denver		State Zip C CO 8020				4	Amour	nt of Ea	ch Dis	burse	ment this	s Perio	d
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