03/20/2009 15:38

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office He	- O-l.	
Office Us	e Only	
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1 20	0910	3492
	ZIPCOD	E 🛕
AMENDED (A)		
Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
Oct 20 (M10)		Jan 31 (YE)
eral (12G)		Runoff (12R)
cial (12G)		
	in the State of	
	State of	
off (30R)		Special (30S)
	in the State of	
2009		
lete.		

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL Example:If typing, type OR TYPE OR PRINT over the lines	
Ш	American Nurses Association	PAC	
Ш			
ΑD	DRESS (number and street)	8515 Georgia Avenue	١
•	,	Suite 400	_'
	Check if different than previously reported. (ACC)	Silver Spring MD 20910 3492	
2.	FEC IDENTIFICATION NUM	BER ♥ CITY♠ STATE♠ ZIPCODE♠	
	C00017525	3. IS THIS X NEW (N) OR (A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1 (Non-Electic Year Only) Due On: X Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Electic Year Only)	on´ 12)
	(a) Quarterly Reports:	Year Only)	
	April 15 Quarterly Report(Q July 15	(c) 12-Day Primary (12P) General (12G) Runoff (12F)	_
	Quarterly Report(Q October 15 Quarterly Report(Q	Report for the: Convention (12C) Special (12G)	
	January 31 Quarterly Report(YI	in the	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30	S)
	Termination Report (TER)	Election on State of	
5.	Covering Period 0 2	01 2009 through 02 28 2009	
l ce	ertify that I have examined this F	deport and to the best of my knowledge and belief it is true, correct and complete.	—
Тур	oe or Print Name of Treasurer	Mary Behrens	_
Sig	nature of Treasurer Electron	ically Filed by Mary Behrens Date 03 20 2009	
NO	TE : Submission of false, error	eous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.	
	Office Use Only	FEC FORM 3X (Rev. 12/2004)	
FE	6AN026		

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Nurses Association PAC D D [®] D 0 2 0.2 28 2009 0 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 68149.75 2009 January 1 (b) Cash on Hand at 83478.46 Begining of Reporting Period

30170.09

113648.55

87636.64

47895.09

116044.84

87636.64

7.	Total Disbursements (from Line 31)	26011.91	28408.20
8.	Cash on Hand at Close of		

9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) 0.00

(c) Total Receipts (from Line 19)

6(a) and 6(c) for Column B)

(subtract Line 7 from Line 6(d))

(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines

Reporting Period

10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American Nurses Association PAC

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
`	Than Political Committees (i) Itemized (use Schedule A)	6050.00	6550.00
	(ii) Unitemized	24116.06	41337.24
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	30166.06	47887.24
(b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30166.06	47887.24
	Fransfers From Affiliated/Other	0.00	0.00
3. <i>I</i>	All Loans Received	0.00	0.00
4. L 5. (oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	4.03	7.85
8.	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30170.09	47895.09
	Fotal Federal Receipts subtract Line 18(c) from Line 19)	30170.09	47895.09

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

of Disbursements Page 4 **COLUMN A** COLUMN B

	Total This Period	Calendar Year-to-Date
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	2511.91	4908.20
Expenditures(c) Total Operating Expenditures	2311.91	4900.20
(add 21(a)(i), (a)(ii) and (b))	2511.91	4908.20
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	23500.00	23500.00
. Independent Expenditure		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Then Reliais I Committees	0.00	0.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6)	0.00	
(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,	20011.01	20400 20
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	26011.91	28408.20
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
retingract Line 31(a)(ii) and Line 3()(a)(ii)		

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)	30166.06	47887.24
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
85.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	30166.06	47887.24
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2511.91	4908.20
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2511.91	4908.20

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12 (check only one) X 11a
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 personal ename and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Maureen E. Shekleton Mailing Address 805 Edgewood City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer Association of Nurse Anest Receipt For: Primary General Other (specify)	State Zip Code IL 60137-4214 C Occupation Satellite Site Coordinator Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 9 Transaction ID: AB48B66A3BBD34594B Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Mary L. Behrens Mailing Address 5504 E. 22nd St City Casper FEC ID number of contributing federal political committee. Name of Employer Dr Hugh Depodo, MD Receipt For: Primary General Other (specify)	State Zip Code WY 82609 C Occupation Family Nurse Practitioner Aggregate Year-to-Date 2500.00	Date of Receipt M M M / D D D / Y Y Y Y Y O 2 1 3 2 0 0 9 Transaction ID: A20EB8754621C41C780 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Mrs. Bonnie L. Lioce, MSN, NP-C Mailing Address 5803 Macon Dr City Huntsville FEC ID number of contributing federal political committee. Name of Employer University of Huntsville Alabama Receipt For: Primary General Other (specify)	State Zip Code AL 35802 C Occupation RN Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		3750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 7 / 12 (check only one) X 11a 11b 11c 12 15 16 17
A o	ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be solone name and address of any	d or used by any person y political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Ms. Sara McCumber Mailing Address 2004 Lackawanna A			Date of Receipt O 2
	Superior FEC ID number of contributing	State Zip Co WI 54880		Transaction ID: AFBD41DD74EE04E429E Amount of Each Receipt this Period 250.00
	Name of Employer Duluth Clinic Receipt For: Primary General	Occupation Nurse Practitioner Aggregate Year-to-Da	ate ▼	
_ B.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Cheryl K. Schmidt Mailing Address 320 West Cross St	0 0 0 0		Date of Receipt 0 2 2 6 2 0 0 9
	City Benton FEC ID number of contributing federal political committee.	State Zip Co AR 72015		Transaction ID: A2AF272F661214EC79D Amount of Each Receipt this Period 1000.00
	Name of Employer University of Arkansas Medical Services Receipt For: Primary General Other (specify) ▼	Occupation Clinical Assistant I Aggregate Year-to-Da		
 C.	Full Name (Last, First, Middle Initial) Janet Y Harris Mailing Address 103 Hickory Cove			Date of Receipt 0 2
	City Brandon FEC ID number of contributing federal political committee.	State Zip Co MS 39047	ode 7-8361	Transaction ID: AD709E22459FD4EE695 Amount of Each Receipt this Period 250.00
	Name of Employer Pyxis	Occupation RN Aggregate Year-to-Da	ate V	
	Primary General Other (specify) ▼	, aggregate real to be	250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00

A.

PAGE 8/12 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 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 Full Name (Last, First, Middle Initial) Date of Receipt Ms. Patricia L Holloman Mailing Address 2740 Ericsson St 26 02 2009 Zip Code City State Transaction ID: AB32CEDC1CFA1475E831 East Elmhurst NY 11369-1942 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Mt Sinai Medical Center Occupation RN Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Julie C. Freeman Date of Receipt Mailing Address 9240 Gainswood Dr 0 2 26 2009 City Transaction ID: A881B723A024A4B8E84C State Zip Code **Montgomery** ΑL 36117-5120 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Baptist Medical Center Occupation RN Receipt For: Aggregate Year-to-Date Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	800.00
TOTAL This Period (last page this line number only)	•	6050.00

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 9/12 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Transaction ID: B1B5D49ED26394C4183A Bank of America Date of Disbursement 27 0 2 2009 Mailing Address PO Box 27025 City State Zip Code Amount of Each Disbursement this Period Richmond VA 23261 2196.37 Purpose of Disbursement bank fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: BE210F45FC684465192D Bank of America Merchant Services Date of Disbursement 0 2 2009 Mailing Address PO Box 2485 City State Zip Code Amount of Each Disbursement this Period 99210-2485 Spokane WA 315.54 Purpose of Disbursement credit card and online lockbox fees Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2511.91
TOTAL This Period (last page this line number only)	•	2511.91

Primary

Other (specify)

State:

SCHEDULE B (FEC Form 3X)

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Any Information copied from or for commercial purposes,					/ persor		the pur	oose of s		ing co	ntribu	ıtions	
NAME OF COMMITTEE		That is also according	or any pomican										
American Nurses Ass	, ,												
Full Name (Last, First, M	,					Τ.	Transa	ction ID): B	A0C	FB02	AAFA	\E4EI
National Republican	Senatorial Comn	nittee						Disburs		nt			_
Mailing Address 425	2nd St NE						0 2	/ D	0 5	/ L	ž () 0 0 °	Y
City Washington		State DC	Zip Code 20002				Amoun	t of Eac	n Dis	burse	ment	this Pe	eriod
Purpose of Disbursemen	t		20002								100	00.00	T
Candidate Name				Cate	gory/				^		^	^ ^	
000			2010	Ту	ре								
	ouse Dis enate	bursement For: X Primary	2010 General										
P	resident	Other (spe											
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Full Name (Last, First, M Tuesday Group	iddle Initial)							ction IC Disburs			'2852	28BA1	145C[
Mailing Address PO	Box 40385						0 2	/ D	0 5	/ Y	ž (o ŏ 9	Y
City Washington		State DC	Zip Code 20016				Amoun	t of Eac	n Dis	burse	ment	this Pe	eriod
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Full Name (Last, First, M Republican National	iddle Initial)							ction IC			F483	3B134	14A96
Mailing Address 320	1st St SE						0 ^M 2 M	/ D	0 5	/ Y	ž () Ó 9	Y
City Washington		State DC	Zip Code 20003				Amoun	t of Eac	n Dis	burse	ment	this Pe	eriod
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SCHEDULE B (FEC Form 3X)

		Use separate schedule(s)	(check only		PAGE 11 / 12
Ш	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
\vdash	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Nurses Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)				CFF775FB186F4BEE
	Blue Dog PAC			Date of Disbursemer	
	Mailing Address 6849 Old Dominion Dr Ste 222			02 05	^Y 2009 ^Y
	City McLean	State Zip Code VA 22101		Amount of Each Disk	oursement this Period
	Purpose of Disbursement				2500.00
	Candidate Name		Category/		
		ement For: 2010 Primary General Other (specify)	Туре		
	Full Name (Last, First, Middle Initial)			Transaction ID: R	9FA70873A89A4B22
	New Democrat Coaltion PAC			Date of Disbursemer	nt
	Mailing Address c/o 607 14th St			02 05	^y 2009 ^y
	City Washington	State Zip Code DC 20002		Amount of Each Disk	oursement this Period
	Purpose of Disbursement				2500.00
	Candidate Name		Category/ Type		
		ement For: 2010 Primary General Other (specify)	1761		
	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Con	Transaction ID: Bit Date of Disbursement	842812426D614411A		
	Mailing Address 430 S Capitol St			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	^y 2009 ^y
	City Washington	State Zip Code DC 20003		Amount of Each Disk	oursement this Period
	Purpose of Disbursement		•		5000.00
	Candidate Name		Category/ Type		
	· —	ement For: 2010 Primary General Other (specify)			
	UBTOTAL of Disbursements This Page (optional)				10000.00

A.

В.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 12 / 12
ITEMIZED DISBURSEMENTS	for each category of the	(check only	
TEMPLES SIGNOTION INCIDENT	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
	and address of any political co	Jillillillee lo so	micit contributions from such committee
NAME OF COMMITTEE (In Full) American Nurses Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: BA5DE9CDF65BE4500997
NATIONAL REPUBLICAN CONGRESSIONAL COmmittee			Date of Disbursement
Mailing Address 320 1st St SE			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix} $
	State Zip Code		Amount of Each Disbursement this Period
Washington	DC 20003		
Purpose of Disbursement			2500.00
Candidate Name		Category/ Type	
President	ment For: 2010 Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			Transaction ID: B073C94CE11BD4972A72
Democratic Senatorial Campaign Committee	ee		Date of Disbursement
Mailing Address 120 Maryland Ave NE			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}^{Y}$
	State Zip Code		Amount of Each Disbursement this Period
	DC 20002-5610		5000.00
Purpose of Disbursement			3000.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate X	ment For: 2010 Primary General		
President	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	7500.00
TOTAL This Period (last page this line number only)	•	23500.00

State: