

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

American Nurses Association PAC

ADDRESS (number and street)

8515 Georgia Avenue

Suite 400

☐ Check if different  
than previously  
reported. (ACC)

Silver Spring

MD

20910

3492

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00017525

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☐ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2007

through

04

30

2007

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

Type or Print Name of Treasurer

Mary Foley

Signature of Treasurer

Electronically Filed by Mary Foley

Date

05

20

2007

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y</span> <span>2007</span>		81815.99
(b) Cash on Hand at Beginning of Reporting Period .....	101522.58	
(c) Total Receipts (from Line 19) .....	62663.36	206820.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	164185.94	288636.24
7. Total Disbursements (from Line 31) .....	10479.99	134930.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	153705.95	153705.95
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
0 4D D  
3 0Y Y Y Y  
2 0 0 7

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4725.00	13475.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	57647.07	192720.82
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	62372.07	206195.82
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	62372.07	206195.82
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	291.29	624.43
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	62663.36	206820.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	62663.36	206820.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2479.99	8180.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2479.99	8180.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	126500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10479.99	134930.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10479.99	134930.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	62372.07	206195.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	62372.07	205945.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2479.99	8180.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2479.99	8180.29

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

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Judith A Huntington Mailing Address 12816 SE 243rd St City Kent State WA Zip Code 98030-5083 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer WA State Nurses Association Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: AEC4B059C3A64492B98C Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Credit Card	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	7														
100.00																							
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Debra Hatmaker Mailing Address 10 51 Ln Creek Ct City Bishop State GA Zip Code 30621-1170 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer GA Nurses Association Occupation Chief Programs Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: AD9AF75936AF34A9CAEC Amount of Each Receipt this Period <table border="1"> <tr> <td>85.00</td> </tr> </table> Credit Card	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	7	85.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	7														
85.00																							
<b>C.</b> Full Name (Last, First, Middle Initial) Kathleen A. Ennen Mailing Address 6169 River Sound Circle City Southport State NC Zip Code 28461-3141 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-employed Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: A8A86BA1D1D264CF8815 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Credit Card	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	7	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	7														
250.00																							
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		<table border="1"> <tr> <td>435.00</td> </tr> </table>	435.00																				
435.00																							
<b>TOTAL</b> This Period (last page this line number only) .....		<table border="1"> <tr> <td></td> </tr> </table>																					

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sara L. Jarrett

Mailing Address 2751 S. Macon Circle

City State Zip Code  
Aurora CO 80014-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regis University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 7

Transaction ID: A0C2A312C8F74461C95F

Amount of Each Receipt this Period

200.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. Mary Beth Mathews

Mailing Address 1249 Blvd

City State Zip Code  
West Hartford CT 06119-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIV OF HARTFORD

Occupation  
CHAIR DIVISION OF NURSING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 7

Transaction ID: A1A84839162FC49CE8DE

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

C. Ms. Elizabeth D. Carlson

Mailing Address 1808 Bates Ave

City State Zip Code  
Springfield IL 62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mennonite College of Nurs-  
ing

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 7

Transaction ID: A0009D84E3C29477F8F1

Amount of Each Receipt this Period

200.00

Check

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

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

Ms. Donna L Raymond

Mailing Address Rd 4 Box 148

City State Zip Code  
 Hollidaysburg PA 16648-9262

FEC ID number of contributing federal political committee.

C

Name of Employer  
Advanced Regional Nursing  
SchoolOccupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 5 / 2 0 0 7

Transaction ID: AC18F69AC40C64784A10

Amount of Each Receipt this Period

200.00

Check

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

Lorada J Shrawder

Mailing Address 2610 Warrenton Way

City State Zip Code  
 Colorado Springs CO 80922-1304

FEC ID number of contributing federal political committee.

C

Name of Employer  
El Paso Regional Medical  
CenterOccupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 6 / 2 0 0 7

Transaction ID: A7D26430182F542CB9C7

Amount of Each Receipt this Period

200.00

Check

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

Ms. Jarris T Bradford

Mailing Address 700 Esplanade Gardens Plz  
Apt 13h

City State Zip Code  
 New York NY 10039-513

FEC ID number of contributing federal political committee.

C

Name of Employer  
NORTH CENTRAL BRONX HOSPOccupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 7

Transaction ID: A3D863D93E5BB4BD18E5

Amount of Each Receipt this Period

200.00

Check

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

600.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

**A.** Ms. Emmalou Keyes

Mailing Address 14703 North Trosper

City State Zip Code  
Mission TX 78574-4399

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hidalgo Co Health Dept

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 0 7

Transaction ID: AAD0C4017781A4F70AB1

Amount of Each Receipt this Period

300.00

Credit Card

Full Name (Last, First, Middle Initial)

**B.** Ms. Bonnie L. Faherty

Mailing Address 18175 Andrea Circle N#4

City State Zip Code  
Northridge CA 91325-1158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 7

Transaction ID: A64BD08275DEC470382C

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

**C.** Ms. Sharon Rainer

Mailing Address 221 Union St

City State Zip Code  
Moorestown NJ 08057-2339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NJSNA

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Transaction ID: A3F52C6A64ACC4FAB800

Amount of Each Receipt this Period

180.00

Check

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

730.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy A Calabrese

Mailing Address 1300 Argyll Dr

City State Zip Code  
 Arnold MD 21012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Johns College Health  
Ctr.

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 9 / 2 0 0 7

Transaction ID: ACD62582AE112419EB45

Amount of Each Receipt this Period

200.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Ms. Joanne Sandberg-Cook

Mailing Address PO Box 225

City State Zip Code  
 Thetford Center VT 05075-0225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hitchcock Clinic

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 9 / 2 0 0 7

Transaction ID: A2924832F35744810B73

Amount of Each Receipt this Period

150.00

Check

Full Name (Last, First, Middle Initial)

C. Ms. Janice M. Viola

Mailing Address 19 Monell Ave

City State Zip Code  
 Poughkeepsie NY 12603-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 0 7

Transaction ID: A2CCA531B120B48ADAF4

Amount of Each Receipt this Period

250.00

Check

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

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

Kathleen A. Ennen

Mailing Address 6169 River Sound Circle

City State Zip Code  
 Southport NC 28461-3141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 0 7

Transaction ID: AAF421138E78E4FCDB8C

Amount of Each Receipt this Period

250.00

Credit Card

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

Ms. Sharon Rainer

Mailing Address 221 Union St

City State Zip Code  
 Moorestown NJ 08057-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NJSNA

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 0 7

Transaction ID: A5D30DF69ADFF47E6BB6

Amount of Each Receipt this Period

25.00

Credit Card

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

Ms. Sandra M. Woods

Mailing Address P o Box 771386

City State Zip Code  
 Eagle River AK 99577-1386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Alaska

Occupation  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 0 7

Transaction ID: A0BC017B91179413C973

Amount of Each Receipt this Period

150.00

Check

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

425.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Carolyn D. L'Heureux Mailing Address 428 So Magnolia Ave City State Zip Code Waynesboro VA 22980 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Carilion Family Medicine Nurse Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> A17BEB017690A431A908 Amount of Each Receipt this Period 150.00 Check
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Debra Hatmaker Mailing Address 10 51 Ln Creek Ct City State Zip Code Bishop GA 30621-1170 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation GA Nurses Association Chief Programs Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> A31F9EDD9DCA74928A63 Amount of Each Receipt this Period 85.00 Credit Card
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Judith A Huntington Mailing Address 12816 SE 243rd St City State Zip Code Kent WA 98030-5083 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation WA State Nurses Association Executive Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> A61FC48386269400B8C9 Amount of Each Receipt this Period 100.00 Credit Card

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

335.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Donna C. Sanders			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address 1714 Brockett Rd			<b>Transaction ID:</b> AB5FED92A89FF4ADB838	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Tucker	GA	30084-7403	Check	
FEC ID number of contributing federal political committee.		C		
Name of Employer Wesley Woods Hospital		Occupation Nurse		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Julia Tortorice			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 388 SW Quail Heights Terrace			<b>Transaction ID:</b> A78073900A54E4CCB9BF	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Lake City	FL	32025-1443	Check	
FEC ID number of contributing federal political committee.		C		
Name of Employer SEUFAST		Occupation RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Sara L. Jarrett			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address 2751 S. Macon Circle			<b>Transaction ID:</b> ABB1919F41D654B1B8F8	
City	State	Zip Code	Amount of Each Receipt this Period 200.00	
Aurora	CO	80014-3027	Check	
FEC ID number of contributing federal political committee.		C		
Name of Employer Regis University		Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

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

700.00

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

4725.00

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 14 / 18

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sun Trust Bank		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address PO Box 622227		<b>Transaction ID:</b> AD1D2B56A094C4CE9AF6	
City Orlando	State FL	Zip Code 32862-2227	Amount of Each Receipt this Period 288.73
FEC ID number of contributing federal political committee. C		bank interest	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 621.87		

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

288.73

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

288.73

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 18

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank c/oNOVA Regions Bank Montgomery**

Mailing Address 7300 Chapmans Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
credit card fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: BEA1FD842267F45549B7

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

393.41

Full Name (Last, First, Middle Initial)

**B. Sun Trust Bank**

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
bank fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: B185BF83540F04D1491B

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

1590.02

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement  
bank fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: BDF8BE47D53784035BA6

Date of Disbursement

04 / 30 / 2007

Amount of Each Disbursement this Period

486.61

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

2470.04

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

2470.04

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

**A. MIKULSKI FOR SENATE**

Mailing Address PO Box 13147

City  
Baltimore

State  
MD

Zip Code  
21203

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID:** B9C2EFF34C88548BFBCB

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WALSH FOR CONGRESS COMMITTEE**

Mailing Address 306 WinkworthPkwy

City  
Syracuse

State  
NY

Zip Code  
13215

Purpose of Disbursement

Candidate Name  
Rep. James T. Walsh

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: NY District: 25

**Transaction ID:** B3B46B648EB88462FB42

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mike Ross For Congress**

Mailing Address PO Box 360

City  
Prescott

State  
AR

Zip Code  
71857

Purpose of Disbursement

Candidate Name  
Rep. Mike A. Ross

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: AR District: 04

**Transaction ID:** B8BB0A8AA61C94506BD8

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 18

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

**A.** Tim Ryan For Congress

Mailing Address 80F St NW  
Ste 804

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name  
Rep. Tim Ryan

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: OH District: 17

**Transaction ID:** B398C6E6CB90441C7BCD

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Max Baucus

Mailing Address PO Box 586

City Helene State MT Zip Code 59624

Purpose of Disbursement

Candidate Name  
Sen. Max S. Baucus

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: MT District:

**Transaction ID:** BCB0E0A0C3B434B538E2

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** KIND FOR CONGRESS COMMITTEE

Mailing Address 205 S 5th Ave Ste 428

City LaCrosse State WI Zip Code 54601

Purpose of Disbursement

Candidate Name  
Rep. Ron Kind

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: WI District: 03

**Transaction ID:** BCD04357B0DAB49D4A55

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

PAGE 18 / 18

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

**A. LOBIONDO FOR CONGRESS**

Mailing Address 1707 Prince St #5

City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

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

State: NJ District: 02

Transaction ID: B6775CA81F1AE41D0B4C

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Weiner**

Mailing Address 1 Ascan Ave #31 Ste 31

City  
Forest HillsState  
NYZip Code  
11375

Purpose of Disbursement

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

State: NY District: 09

Transaction ID: BB0E72CA30A44446EADC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

2000.00

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

8000.00