

**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

02

01

2008

through

02

29

2008

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

Type or Print Name of Treasurer

Mary Behrens

Signature of Treasurer

Electronically Filed by Mary Behrens

Date

04

09

2008

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		209224.16
(b) Cash on Hand at Beginning of Reporting Period	141927.53	
(c) Total Receipts (from Line 19)	37163.92	62397.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	179091.45	271621.88
7. Total Disbursements (from Line 31)	8504.52	101034.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	170586.93	170586.93
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5150.00	6050.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	31899.44	55910.40
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	37049.44	61960.40
(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) ➡	37049.44	61960.40
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.)	114.48	437.32
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))	37163.92	62397.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37163.92	62397.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1288.02	2818.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1288.02	2818.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7166.50	98166.50
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	50.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	50.00	50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8504.52	101034.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8504.52	101034.95

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)	37049.44	61960.40
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36999.44	61910.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1288.02	2818.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1288.02	2818.45

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☒ 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 M. Wright

Mailing Address 8505 Windy Cross

City

San Antonio

State

TX

Zip Code

78239-2760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Troy Systems, Inc

Occupation

Health Systems Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: AB92D3C46D03A4799B95

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Frances M. Edwards

Mailing Address 50 Concord Park E.

City

Nashville

State

TN

Zip Code

37205-4705

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Clinical Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: AF4B854CA139D45EAAD8

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lizanne Elliott

Mailing Address 238 Sunny Slopes Dr

City

Jonesborough

State

TN

Zip Code

37659-5739

FEC ID number of contributing
federal political committee.

C

Name of Employer
King College

Occupation

Instructor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A71087E8060F441D3963

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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

A.

Full Name (Last, First, Middle Initial)

Ms. Rose I. Gonzalez

Mailing Address 3318 Cullers Ct

City

Woodbridge

State

VA

Zip Code

22192-1085

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANA

Occupation

Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: A2EAE68C71EA04251B20

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Bonnie L. Lioce

Mailing Address 5803 Macon Dr

City

Huntsville

State

AL

Zip Code

35802

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Huntsville
Alabama

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: AB1C8B930205743F4A4E

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ms. Sara McCumber

Mailing Address 2004 Lackawanna Ave

City

Superior

State

WI

Zip Code

54880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duluth Clinic

Occupation

Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: A4A38D6F8FF494E22AA0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Mary L. Behrens

Mailing Address 5504 E. 22nd St

City

Casper

State

WY

Zip Code

82609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr Hugh Depodo, MD

Occupation

Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: A599B729C0BD24208AB1

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Ellen M Sanders

Mailing Address 654 Boca Marina Ct

City

Boca Raton

State

FL

Zip Code

33487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Healthcare Ser-
vices, Inc

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 Y
0 2 / 2 2 / 2 0 0 8

Transaction ID: A46988C500CD043E3A63

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ms. Marie Garwood

Mailing Address N2921 County Rd K

City

Darien

State

WI

Zip Code

53114

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Nurse Consultant

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 2 / 2 6 / 2 0 0 8

Transaction ID: AAF5976A84D324BD8870

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

3200.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Jarris T. Bradford

Mailing Address 700 Esplanade Gardens Plz
Apt 13h

City	State	Zip Code
New York	NY	10039

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 ▼

300.00

Date of Receipt

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

Transaction ID: A5C21FBA1A4964431BF6

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

5150.00

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

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

FOR LINE NUMBER: PAGE 10 / 14

(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)

Bank of America

Mailing Address PO Box 27025

City

Richmond

State

VA

Zip Code

23261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

430.21

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A3C0174D13E4E4A2C840

Amount of Each Receipt this Period

111.33

SUBTOTAL of Receipts This Page (optional)

111.33

TOTAL This Period (last page this line number only)

111.33

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 11 / 14

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: B9AE4FA5956DE41E5914 Date of Disbursement																				
Mailing Address PO Box 622227	<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>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	9		2	0	0	8												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement bank fees	<table border="1"> <tr> <td>1</td><td>3</td><td>3</td><td>0</td><td>2</td> </tr> </table>	1	3	3	0	2															
1	3	3	0	2																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: B2E2B816DC3624C92876 Date of Disbursement																				
Mailing Address PO Box 27025	<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>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	9		2	0	0	8												
City Richmond State VA Zip Code 23261	Amount of Each Disbursement this Period																				
Purpose of Disbursement bank fees	<table border="1"> <tr> <td>9</td><td>8</td><td>2</td><td>.</td><td>3</td><td>1</td> </tr> </table>	9	8	2	.	3	1														
9	8	2	.	3	1																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bank of America Merchant Services	Transaction ID: BA79BB0CDB3D848F095D Date of Disbursement																				
Mailing Address PO Box 2485	<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>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	9		2	0	0	8												
City Spokane State WA Zip Code 99210-2485	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card and online lockbox fees	<table border="1"> <tr> <td>1</td><td>6</td><td>7</td><td>.</td><td>6</td><td>9</td> </tr> </table>	1	6	7	.	6	9														
1	6	7	.	6	9																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1283.02

TOTAL This Period (last page this line number only)

1283.02

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Dutch Ruppertsberger For Congress	Transaction ID: B14FC397CE1374DC88E5 Date of Disbursement
Mailing Address 22 W Padonia Rd Ste C 141	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 0 8</div> </div>
City Timonium State MD Zip Code 21093	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Dutch Ruppertsberger	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Hillary Clinton for President	Transaction ID: B48CE85FBDC774E01A7B Date of Disbursement
Mailing Address PO Box 101436	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22210	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>3000.00</div>
Candidate Name Hillary Rodham Clinton	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) American Nurses Association	Transaction ID: B6AA754F8F8B547DC973 Date of Disbursement
Mailing Address 8515 Georgia Ave Ste 400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 0 8</div> </div>
City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period
Purpose of Disbursement in kind for Pres. Becky Patton's time fo	<div>246.00</div>
Candidate Name Hillary Rodham Clinton	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	<div>4246.00</div>
TOTAL This Period (last page this line number only)	

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

PAGE 13 / 14

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

American Nurses Association

Mailing Address 8515 Georgia Ave
Ste 400

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
in kind for Pres. Backy Patton's time toCandidate Name
Hillary Rodham ClintonCategory/
TypeOffice Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: B23AA50D384514695A94

Date of Disbursement

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

Amount of Each Disbursement this Period

82.00

B.

Full Name (Last, First, Middle Initial)

Blumenauer For Congress

Mailing Address 830 NE Holladay
Ste 105

City Portland State OR Zip Code 97232

Purpose of Disbursement

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

State: OR District: 03

Transaction ID: B90A3B6CCE79A464089F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	0	8

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

American Nurses Association

Mailing Address 8515 Georgia Ave
Ste 400

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
in kind reimbursement for flight, PresidCandidate Name
Hillary Rodham ClintonCategory/
TypeOffice Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: B675112B44DBA4646A46

Date of Disbursement

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

Amount of Each Disbursement this Period

838.50

SUBTOTAL of Disbursements This Page (optional)

2920.50

TOTAL This Period (last page this line number only)

7166.50

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 14 / 14

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Mary M. Lewis

Mailing Address 624-3 NE 12th Terrace

City
Boynton Beach

State
FL

Zip Code
33435

Purpose of Disbursement
refund of corporate check

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B6919E07E4CE34997B01

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00