

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2008 through 04 30 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 05 19 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		209224.16
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	159692.87									
(c) Total Receipts (from Line 19) .....	31044.90	138722.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	190737.77	347946.54								
7. Total Disbursements (from Line 31) .....	32991.13	190199.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	157746.64	157746.64								
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**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
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	1200.00	10550.00
(i) Itemized (use Schedule A) .....	29788.00	127588.45
(ii) Unitemized .....	30988.00	138138.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	30988.00	138138.45
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.) .....	56.90	583.93
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)) .....	31044.90	138722.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31044.90	138722.38

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	2893.98	10282.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2893.98	10282.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28445.40	166111.90
24. Independent Expenditure (use Schedule E) .....	1651.75	13755.51
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	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)) .....	0.00	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))..	32991.13	190199.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32991.13	190199.90

**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 .....	30988.00	138138.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30988.00	138088.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2893.98	10282.49
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2893.98	10282.49

**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 / 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Florence E. Jones-Clarke

Mailing Address 1610 Clear Springs Ln

City State Zip Code  
Colonial Heights VA 23834-5873

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

Name of Employer Retired Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 07 / 2008  
**Transaction ID: A13F9C3C191894FA391C**  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Calvano

Mailing Address 7-14 160th St

City State Zip Code  
Whitestone NY 11357

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

Name of Employer ELMHURST HOSP Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 07 / 2008  
**Transaction ID: A917DB8A4C9414EC981F**  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary E. Foley

Mailing Address 963 Duncan St

City State Zip Code  
San Francisco CA 94131-1800

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

Name of Employer Univ. of California San Francisco Hosp Occupation Associate Director, School of Nursing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 14 / 2008  
**Transaction ID: A102B57054FF44C76A80**  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 20</span>
	(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. Ann M. Gothler

Mailing Address 4 Aspen Ln

City State Zip Code  
Clifton Park Cente NY 12065

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

Name of Employer Occupation  
Russell Sage College Professor

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 4 / 2 0 0 8

**Transaction ID:** A887C73074A11435B81B

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address Hc 73 Box 70

City State Zip Code  
Marietta OK 73448-9520

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

Name of Employer Occupation  
Mercy Love Co. Rural Health Clinic 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 8 / 2 0 0 8

**Transaction ID:** ABBA108F49FBA434790B

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1200.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 20	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) American Nurses Association PAC
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<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt	
	Mailing Address PO Box 27025		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> AB0A5AD2615954B56ABB
	Richmond	VA	23261	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		55.05	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 572.60		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	55.05
<b>TOTAL</b> This Period (last page this line number only) .....	55.05



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

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

FOR LINE NUMBER:  
(check only one)

<input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America Merchant Services  Mailing Address PO Box 2485  City Spokane State WA Zip Code 99210-2485  Purpose of Disbursement credit card fees and online lockbox fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD2E3F94D6BAB4F06B59 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8  Amount of Each Disbursement this Period 157.18
<b>B.</b>	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 27025  City Richmond State VA Zip Code 23261  Purpose of Disbursement bank fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3BF12C1B728F46D0B10 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8  Amount of Each Disbursement this Period 2597.48
<b>C.</b>	Full Name (Last, First, Middle Initial) Sun Trust Bank  Mailing Address PO Box 622227  City Orlando State FL Zip Code 32862-2227  Purpose of Disbursement bank fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF9D979E1C59C4CB3B18 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8  Amount of Each Disbursement this Period 134.32

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2888.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>2888.98</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Nurses Association</p> <p>Mailing Address 8515 Georgia Ave Ste 400</p> <p>City Silver Spring State MD Zip Code 20910</p> <p>Purpose of Disbursement in-kind reimbursement for flight, hotel, Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B49548E209F40400DB2C <b>Date of Disbursement</b> 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 1145.40</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO Box 16128</p> <p>City Washington State DC Zip Code 77222</p> <p>Purpose of Disbursement Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCD4E5700BEE24D47839 <b>Date of Disbursement</b> 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress</p> <p>Mailing Address PO Box 582</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCC2B591471CB4697A38 <b>Date of Disbursement</b> 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

3145.40

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John Barrow <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7D0E9079BF6F48D4A65 Date of Disbursement MM / DD / YYYY 04 / 10 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota <hr/> Mailing Address PO Box 1859 <hr/> City Sioux Falls State SD Zip Code 57101-1859 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDA13FEB1CC774D09A38 Date of Disbursement MM / DD / YYYY 04 / 10 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address PO Box 2232 <hr/> City Jenkinstown State PA Zip Code 19046 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Allyson Y. Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA2668C8230D14E49978 Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	Amount of Each Disbursement this Period 3000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5000.00

**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 12 / 20

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) COMMITTEE FOR BART GORDON, The</p> <p>Mailing Address PO Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Bart Gordon Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0AD9C07800494E5EBE4</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 2323</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BED43D81DCCD048FBBA1</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ben Nelson for US Senate Committee</p> <p>Mailing Address 420 C St NE</p> <p>City Washington State DC Zip Code 20002-5818</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC6A5E7D1582A476786D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Hooisers for Hill</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274-1071</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Baron Hill Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09</p>	<p><b>Transaction ID:</b> B644885BF3FD04FB0B34</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress</p> <p>Mailing Address PO Box 71147</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Debbie Wasserman Schultz Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 20</p>	<p><b>Transaction ID:</b> B3260953B7AEB430995D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Gary Ackerman</p> <p>Mailing Address 100 Jericho Quadrangle Ste 223</p> <p>City Jericho State NY Zip Code 11753-2702</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Gary L. Ackerman Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 05</p>	<p><b>Transaction ID:</b> B947A263522354CCAB6F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 20

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee for a Democratic Majority</p> <p>Mailing Address 301 4th St NE Ste 202</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement leadership account contribution for 2008</p> <p>Candidate Name Sen. Edward M. Kennedy</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B602A4D18118D424B832</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Reed Committee</p> <p>Mailing Address PO Box 8628</p> <p>City Cranston State RI Zip Code 02920</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Jack F. Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B00AD21043C034DC192B</p> <p>Date of Disbursement MM / DD / YYYY 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kagen for Congress</p> <p>Mailing Address 100 W College Ave Ste 50-D</p> <p>City Appleton State WI Zip Code 54911-5749</p> <p>Purpose of Disbursement</p> <p>Candidate Name Steven L Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B77488D4736E9479E870</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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 15 / 20

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Yarmuth for Congress</p> <p>Mailing Address 1815 Brownsboro Rd Ste 100</p> <p>City Louisville State KY Zip Code 40206</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John A Yarmuth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC82C78AA070740D6967</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PAYNE FOR CONGRESS</p> <p>Mailing Address 1924 Oakwood St</p> <p>City Temple Hills State MD Zip Code 20748-5653</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA800D121D5B745398AC</p> <p>Date of Disbursement MM / DD / YYYY 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Reed Committee</p> <p>Mailing Address PO Box 8628</p> <p>City Cranston State RI Zip Code 02920</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Jack F. Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B45B5E6060E0F4489959</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period <input type="text" value="300.00"/></p>

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 20

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Jim Marshall <hr/> Mailing Address 586 Orange St <hr/> City Macon State GA Zip Code 31201 Purpose of Disbursement <hr/> Candidate Name Rep. Jim C. Marshall <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAE6480C4FE18434BB5E Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Artur Davis to Congress <hr/> Mailing Address PO Box 1845 <hr/> City Birmingham State AL Zip Code 35201-1845 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE59999BBCBA74DB481A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Kirk For Congress <hr/> Mailing Address PO Box 101124 <hr/> City Chicago State IL Zip Code 60610 Purpose of Disbursement <hr/> Candidate Name Rep. Mark Steven Kirk <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB48FE2E39B904102BC0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 20

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ciro D Rodriguez for Congress</p> <p>Mailing Address 236 Massachusetts Ave NE</p> <p>City Washington State DC Zip Code 20002-4980</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Ciro D. Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B79A27DE4CDB845D18C0</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite</p> <p>Mailing Address 2501 Wisconsin Ave NW Ste 304</p> <p>City Washington State DC Zip Code 20007-4543</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Ginny Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B423F05342EC2487C962</p> <p>Date of Disbursement MM / DD / YYYY 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address 209 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1107</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD7AE710C787A4578966</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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 18 / 20

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Clarke for Congress <hr/> Mailing Address 111-36 200th St <hr/> City Hollis State NY Zip Code 11412 <hr/> Purpose of Disbursement <hr/> Candidate Name Yvette D. Clarke <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BE4AEBA11E3494DCDB8E Date of Disbursement <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>1</td><td>0</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	4		1	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	4		1	0		2	0	0	8											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/ Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON <hr/> Mailing Address 3102 Maple Ave Ste 605 <hr/> City Dallas State TX Zip Code 75201 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B420A61C63E0D4B5A93D Date of Disbursement <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>1</td><td>0</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	4		1	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	4		1	0		2	0	0	8											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Category/ Type																					

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

2000.00

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

28445.40

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Nurses Association PAC	FEC IDENTIFICATION NUMBER <b>C</b> C00017525
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
Logomotion

Mailing Address  
7300 Pearl St Ste 200

City Bethesda	State MD	Zip Code 20814-3357
------------------	-------------	------------------------

Purpose of Expenditure  
shipping yardsigns for clinton

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

Calendar Year-To-Date Per Election for Office Sought: 12092.18

Date  
04 / 21 / 2008

Amount  
18.98

Transaction ID: E3E5A67D2CF7B46A8AC9

Office Sought:  House State: \_\_\_\_\_  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
Poncharee

Mailing Address  
4507 Cascadia Ave S

City Seattle	State WA	Zip Code 98118-1643
-----------------	-------------	------------------------

Purpose of Expenditure  
photos from political event

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:  
Hillary Rodham Clinton

Calendar Year-To-Date Per Election for Office Sought: 1608.00

Date  
04 / 21 / 2008

Amount  
1608.00

Transaction ID: ECFB83A7C950E4420AAC

Office Sought:  House State: \_\_\_\_\_  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2012

(a) SUBTOTAL of Itemized Independent Expenditures .....	1626.98
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Behrens  
Signature

Date 05 / 19 / 2008

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Nurses Association PAC		FEC IDENTIFICATION NUMBER <b>C</b> C00017525	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Logomotion		Date M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	
Mailing Address 7300 Pearl St Ste 200		Amount 24.77	
City State Zip Code Bethesda MD 20814-3357		Transaction ID: E24A677F2504C43D789B	
Purpose of Expenditure shipping for yardsigns for Clinton		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Hillary Rodham Clinton		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
		12116.95	

(a) SUBTOTAL of Itemized Independent Expenditures .....	24.77
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	1651.75
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Mary Behrens Signature	Date M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8