

# 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 02 01 2007 through 02 28 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 03 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 2 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 2 |

|   |   |
|---|---|
| D | D |
| 2 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>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>7</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 7 |  | 81815.99 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 7 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 14402.33                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 41557.30                | 50920.29                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 55959.63                | 132736.28                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 10953.94                | 87730.59                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 45005.69                | 45005.69                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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 | 2 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 2 |

|   |   |
|---|---|
| D | D |
| 2 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 4660.00                       | 5210.00                           |
| (i) Itemized (use Schedule A) .....  | 36836.75                      | 45518.25                          |
| (ii) Unitemized .....  | 41496.75                      | 50728.25                          |
| (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) .....     | 41496.75                      | 50728.25                          |
| 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.) .....   | 60.55                         | 192.04                            |
| 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)) .....                          | 41557.30                      | 50920.29                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 41557.30                      | 50920.29                          |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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.....   | 1453.94                               | 2230.59                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 1453.94                               | 2230.59                                   |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 9500.00                               | 85500.00                                  |
| 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                                  | 0.00                                      |
| (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                                  | 0.00                                      |
| 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))..        | 10953.94                              | 87730.59                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 10953.94                              | 87730.59                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 41496.75                      | 50728.25                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 41496.75                      | 50728.25                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 1453.94                       | 2230.59                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 1453.94                       | 2230.59                           |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 12                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <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. 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 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: AA79698F709734273B2F

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary L. Murphy

Mailing Address 26 Jill Ave

City Marmora State NJ Zip Code 08223-1152

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

Name of Employer Atlantic Care Regional Medical Center Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 3 | / | 2 | 0 | 0 | 7 |

Transaction ID: A416BD9E4702B43F6BCB

Amount of Each Receipt this Period  
290.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary L. Behrens

Mailing Address 5504 E. 22nd St

City Casper State WY Zip Code 82609-4618

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 |
| 0 | 2 | / | 1 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: A5E81F14FB088447A9B2

Amount of Each Receipt this Period  
2500.00

Check

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3290.00 |
| <b>TOTAL</b> 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: (check only one)       | PAGE 7 / 12                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <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. Rebecca M. Patton

Mailing Address 207 Lincoln Ave

City State Zip Code  
Lakewood OH 44107-6031

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

Name of Employer American Nurses Association  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2007

Transaction ID: A0F018290A91D4D69AF7

Amount of Each Receipt this Period  
320.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jean A. Ansley

Mailing Address 849 Kingswood Dr

City State Zip Code  
Lima OH 45804-3343

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

Name of Employer Lima Memorial Hospital  
Occupation Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: AF10FDF7657114B53901

Amount of Each Receipt this Period  
250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Ms. Bonnie L Kautz

Mailing Address 309 S. 3rd St

City State Zip Code  
Apollo PA 15613-1131

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

Name of Employer Kiski Area School District  
Occupation School Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2007

Transaction ID: A75B68F49B5D642A9A79

Amount of Each Receipt this Period  
100.00

Check

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>670.00</b> |
| <b>TOTAL</b> 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: (check only one)       | PAGE 8 / 12                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Ms. Judy J Heaton  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 2 6 / 2 0 0 7 |
| Mailing Address 381 Rock House Rd   |  | <b>Transaction ID:</b> A74CCFB2F85704D13B29                   |
| City State Zip Code<br>Johnson City TN 37601  | Amount of Each Receipt this Period<br>250.00 |   |
| FEC ID number of contributing federal political committee.<br>C   | Check  |   |
| Name of Employer<br>Johnson City Medical Center   | Occupation<br>Registered Nurse               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Ms. Cynthia A Braseth  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 7 |
| Mailing Address 106 Reeves Ct   |  | <b>Transaction ID:</b> AED1AC377600D4486A43                   |
| City State Zip Code<br>Grand Forks ND 58201   | Amount of Each Receipt this Period<br>200.00 |   |
| FEC ID number of contributing federal political committee.<br>C   | Check  |   |
| Name of Employer<br>United Hosptl   | Occupation<br>Executive Leader               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00           |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Ms. Sara A. McCumber   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 7 |
| Mailing Address 2004 Lackawanna Ave   |  | <b>Transaction ID:</b> A795F01A60AEC4601B10                   |
| City State Zip Code<br>Superior WI 54880-2133   | Amount of Each Receipt this Period<br>250.00 |   |
| FEC ID number of contributing federal political committee.<br>C   | Check  |   |
| Name of Employer<br>Duluth Clinic   | Occupation<br>Nurse Practitioner             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 700.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 4660.00 |



**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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sun Trust Bank c/oNOVA Regions Bank Montgomery</b>                       |  | <b>Transaction ID:</b> B49A774361E2946489D3              |
| Mailing Address 7300 Chapmans Hwy   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2007 |
| City KNOXVILLE  | State TN   | Zip Code 37920   |
| Purpose of Disbursement<br>Credit Card Fees   | Category/<br>Type  | Amount of Each Disbursement this Period<br>361.48        |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sun Trust Bank</b>   |  | <b>Transaction ID:</b> B2A56C649D58F4D4FB25              |
| Mailing Address PO Box 622227   |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 28 / 2007 |
| City Orlando  | State FL   | Zip Code 32862-2227                                      |
| Purpose of Disbursement<br>Bank fees  | Category/<br>Type  | Amount of Each Disbursement this Period<br>1092.46       |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

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

1453.94

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

1453.94

**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 10 / 12

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br><b>A. Hooisers for Hill</b> |   | Transaction ID: B7C7157AF3BE448E88D0<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 2 / 2 0 0 7   |
| Mailing Address PO Box 1071  |   | Amount of Each Disbursement this Period<br>1000.00   |
| City Seymour State IN Zip Code 47274                                   | Purpose of Disbursement<br>Category/Type  |  |
| Candidate Name Rep. Baron Hill   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 09 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Lucille Roybal-Allard for Congress</b> |   | Transaction ID: BC815B435CE33485383F<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 5 / 2 0 0 7   |
| Mailing Address PO Box 582  |   | Amount of Each Disbursement this Period<br>1000.00   |
| City Kensington State MD Zip Code 20895   | Purpose of Disbursement<br>Category/Type  |  |
| Candidate Name Rep. Lucille Roybal-Allard   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 34 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Peter Stark Re-Election Committee</b> |   | Transaction ID: B8F5FF9C6EAF246D5BFC<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 6 / 2 0 0 7   |
| Mailing Address PO Box 8331  |   | Amount of Each Disbursement this Period<br>1000.00   |
| City Fremont State CA Zip Code 94537   | Purpose of Disbursement<br>Category/Type  |  |
| Candidate Name Rep. Pete Stark   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 13 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <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)

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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)<br><b>A. Schakowsky for Congress</b>   |               | <b>Transaction ID:</b> B7A6ED7423B6C4BC3BFB<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 3 / 2 0 0 7 |
| Mailing Address PO Box 5130  |               | Amount of Each Disbursement this Period<br>1000.00  |
| City Evanston State IL Zip Code 60204  |               |   |
| Purpose of Disbursement  | Category/Type |   |
| Candidate Name Rep. Jan D. Schakowsky<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 09<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |               |   |

|   |               |   |
|---|---------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends for Harry Reid</b>   |               | <b>Transaction ID:</b> BDE34CC2744BE4A2499B<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 5 / 2 0 0 7 |
| Mailing Address PO Box 19163  |               | Amount of Each Disbursement this Period<br>1000.00  |
| City Las Vegas State NV Zip Code 89123  |               |   |
| Purpose of Disbursement   | Category/Type |   |
| Candidate Name Sen. Harry M. Reid<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NV District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |               |   |

|  |               |   |
|--|---------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Collins for Senator</b>   |               | <b>Transaction ID:</b> B9A8910AEB5054551BC9<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 2 / 2 0 0 7 |
| Mailing Address PO Box 1096  |               | Amount of Each Disbursement this Period<br>1000.00  |
| City Bangor State ME Zip Code 04402  |               |   |
| Purpose of Disbursement  | Category/Type |   |
| Candidate Name Sen. Susan M. Collins<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ME District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |               |   |

|  |         |
|--|---------|
| <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 12 / 12

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br><b>A. John Spratt for Congress</b>  |  | Transaction ID: BA89302041AF74CD080C<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 9 / 2 0 0 7 |
| Mailing Address PO Box 830   |  | Amount of Each Disbursement this Period<br>1500.00   |
| City York State SC Zip Code 29745  | Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Rep. John M. Spratt, Jr.<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 05<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Category/Type  |  |  |
| Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LaTourette for Congress</b>   |   | Transaction ID: BCF520A763E8C4415B61<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 3 / 2 0 0 7 |
| Mailing Address 320 Kenarden Dr  |   | Amount of Each Disbursement this Period<br>1000.00   |
| City Highland Heights State OH Zip Code 44143  | Purpose of Disbursement<br>Candidate Name<br>Rep. Steven C. LaTourette<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 14<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Category/Type  |   |  |
| Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Jim Clyburn</b>  |   | Transaction ID: BCEB9486D2E8D43C28C2<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 3 / 2 0 0 7 |
| Mailing Address PO Box   |   | Amount of Each Disbursement this Period<br>1000.00   |
| City Columbia State SC Zip Code 29211  | Purpose of Disbursement<br>Candidate Name<br>Rep. James E. Clyburn<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 06<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Category/Type  |   |  |
| Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 9500.00 |