

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

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 11 01 2007 through 11 30 2007

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

Type or Print Name of Treasurer Mary Behrens

Signature of Treasurer Electronically Filed by Mary Behrens Date 03 27 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**

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

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

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

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 3 | 0 |

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

| | 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>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 Beginning of Reporting Period | 190155.50 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 29305.19 | 420799.79 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 219460.69 | 502615.78 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 18061.12 | 301216.21 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 201399.57 | 201399.57 | | | | | | | | |
| 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**

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

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

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

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 3 | 0 |

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

| 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 | 5677.50 | 41970.50 |
| (i) Itemized (use Schedule A) | 23202.68 | 376450.23 |
| (ii) Unitemized | 28880.18 | 418420.73 |
| (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) | 28880.18 | 418420.73 |
| 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 | -886.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 425.01 | 3265.06 |
| 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)) | 29305.19 | 420799.79 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 29305.19 | 420799.79 |

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..... | 1259.12 | 17959.21 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 1259.12 | 17959.21 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 16500.00 | 282000.00 |
| 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 | 302.00 | 1257.00 |
| (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)) | 302.00 | 1257.00 |
| 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)).. | 18061.12 | 301216.21 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18061.12 | 301216.21 |

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 | 28880.18 | 418420.73 |
| 34. Total Contribution Refunds (from Line 28(d)) | 302.00 | 1257.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 28578.18 | 417163.73 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1259.12 | 17959.21 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1259.12 | 17959.21 |

**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 / 26 |
| | <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) Dr. Sara L Jarrett | Date of Receipt MM / DD / YYYY 11 / 01 / 2007 |
| | Mailing Address 2751 S. Macon Circle | Transaction ID: A5B423D5A9BD34872BFF |
| | City Aurora State CO Zip Code 80014-3027 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Regis University Occupation Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1030.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Robin Potter-Kimball | Date of Receipt MM / DD / YYYY 11 / 01 / 2007 |
| | Mailing Address 13132 St Andrews Dr | Transaction ID: AAEE3F898B4274664847 |
| | City Okla. City State OK Zip Code 73120-8528 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Bethany Pavilion Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Ms. Donna M. Warzynski | Date of Receipt MM / DD / YYYY 11 / 05 / 2007 |
| | Mailing Address 2001 Riverview Avenue, #86 | Transaction ID: A7FE8B969559940F99E2 |
| | City Stevens Point State WI Zip Code 54481 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer St. Michael's Hospital Occupation Director of Nursing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 255.00 |
| 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) | PAGE 7 / 26 |
| | <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. Linda J. Stierle | | Date of Receipt MM / DD / YYYY 11 / 05 / 2007 |
| Mailing Address 8527 Edenton Rd | | Transaction ID: A7B00E79D5F2C44E1834 |
| City Fulton | State MD | Zip Code 20759-9635 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ANA | Occupation Chief Executive Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Nancy P. Tarr | | Date of Receipt MM / DD / YYYY 11 / 05 / 2007 |
| Mailing Address 45 Cushnoc Dr | | Transaction ID: A181BF0B44D2E423797A |
| City Augusta | State ME | Zip Code 04330 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Maine General Medical Center | Occupation RN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

C.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Ms. Rose I. Gonzalez | | Date of Receipt MM / DD / YYYY 11 / 05 / 2007 |
| Mailing Address 3318 Cullers Ct | | Transaction ID: A92062EF5EE2F43DA8A4 |
| City Woodbridge | State VA | Zip Code 22192-1085 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer ANA | Occupation Director of Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1550.00 |
| 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 8 / 26
(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. Donna M. Policastro

Mailing Address 293 Whitford Ave

City Providence State RI Zip Code 02908-3354

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

Name of Employer Aaron Sherman, MD Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2007

Transaction ID: A958D1A7046EF479CA78

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Ms. Frances E. Beall

Mailing Address 152 South Burson Ave

City Bogart State GA Zip Code 30622-2005

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

Name of Employer University of Georgia Occupation Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 05 / 2007

Transaction ID: A9896C19D9A074959B03

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Sara L Jarrett

Mailing Address 2751 S. Macon Circle

City Aurora State CO Zip Code 80014-3027

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

Name of Employer Regis University Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.00

Date of Receipt 11 / 05 / 2007

Transaction ID: A39A175C42C2B4F55A9A

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 / 26
(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)
Dr. Cheryl K. Schmidt

Mailing Address 320 West Cross St

City State Zip Code
Benton AR 72015

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

Name of Employer Occupation
University of Arkansas Medical Services Clinical Asst. Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: AC53C15660FD3449C91B

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ms. Ellen M LaDieu

Mailing Address 28 Eastern Union Tpke

City State Zip Code
Averill Park NY 12018

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

Name of Employer Occupation
Excelsior College RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: A6836A9FAC2DE44A1BA7

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Ms. Cynthia Reno Balkstra

Mailing Address 31 Highview Ln

City State Zip Code
Dahlonaga GA 30533

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

Name of Employer Occupation
Candler Hospital RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 9 | / | 2 | 0 | 0 | 7 |

Transaction ID: A0BBF032888CE4BFF844

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ► 212.50

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) | PAGE 10 / 26 |
| | <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. Mary Jane Williams

Mailing Address 108 Dayton Dr

City State Zip Code
Southington CT 06489-2261

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

Name of Employer Central Connecticut State Univ Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 13 / 2007
Transaction ID: A511D7742074749FA9AE
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Ms. Peggy Ingram Veaser

Mailing Address 4940 Sullivan Woods Cv

City State Zip Code
Memphis TN 38117-2011

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

Name of Employer Univ. of TN, Memphis Occupation Professor & Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 13 / 2007
Transaction ID: A11B5B18342D446728AC
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Ms. Frances M. Ricker

Mailing Address 2047 Grayden Ct

City State Zip Code
Superior CO 80027

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

Name of Employer Rose Medical Ctr Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 14 / 2007
Transaction ID: A34561A2B287A43B6852
Amount of Each Receipt this Period: 100.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| 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) | PAGE 11 / 26 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <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)
Patricia Labrosse

Mailing Address 100 Steve St

City State Zip Code
Lafayette LA 70503-6048

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: A1CFB7207CEB445A3918

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Ms. Rebecca M. Patton

Mailing Address 2027 Lincoln Ave

City State Zip Code
Lakewood OH 44107

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

Name of Employer Information Requested Occupation Information Requested
American Nurses Association President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: A8556C3AF868C473BB99

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael L. Evans

Mailing Address 9100 Pine Ave

City State Zip Code
Saint Louis MO 63108-2840

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

Name of Employer Information Requested Occupation Information Requested
Texas Health Resources Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: AF111EEE9D934404FAEA

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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) | PAGE 12 / 26 |
| | <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. Mary B. Griffith

Mailing Address 730 E. Church St

City State Zip Code
Union City TN 38261-4157

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

Name of Employer Occupation
Univ Of Tenn At Martin Assitant Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A3FA3C482B70D418AA47

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Ms. Carol A. Countryman

Mailing Address 288 11th St

City State Zip Code
Garden City South NY 11530

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

Name of Employer Occupation
Retired RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A6494B7032C334875BDE

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Debbie D. Hatmaker

Mailing Address 10 51 Ln Creek Ct

City State Zip Code
Bishop GA 30621

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

Name of Employer Occupation
GA Nurses Association Chief Programs Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: AF5F449C510A34C2CB53

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **385.00**

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) | PAGE 13 / 26 |
| | <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. Joylynn L. Daniels

Mailing Address 2712 Brookdale Ct

City State Zip Code
Crestview Hills KY 41017

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 ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A5B465A5993294068A5C

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Mr. Douglas DH Burns

Mailing Address 8104 Bear Creek Dr

City State Zip Code
Austin TX 78737

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

Name of Employer Professional Perioperative Services, P Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: AD4B63F0E91C54A43AD1

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Ms. Sharon R. Rainer

Mailing Address 221 Union St

City State Zip Code
Moorestown NJ 08057-2339

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

Name of Employer NJSNA Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: A8B07632C571346E2890

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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) | PAGE 14 / 26 |
| | <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) Kathleen A Ennen | Date of Receipt MM / DD / YYYY 11 / 23 / 2007 |
| | Mailing Address 6169 River Sound Circle | Transaction ID: A6532B476CE9F4360B23 |
| | City State Zip Code Southport NC 28461 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self-employed Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Ms. Gail Pruett | Date of Receipt MM / DD / YYYY 11 / 23 / 2007 |
| | Mailing Address 2648 Burton Rd | Transaction ID: A8F39F2CE5D624BA1B73 |
| | City State Zip Code Durham NC 27704-3811 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer North Carolina Nurses Association Occupation Director of Nursing/Education Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Rebecca Bowers-Lanier | Date of Receipt MM / DD / YYYY 11 / 23 / 2007 |
| | Mailing Address 1801 Hanover Ave | Transaction ID: ABDB64CDB31CF4E11B4B |
| | City State Zip Code Richmond VA 23220-3507 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Norfolk State University Occupation Dept Head Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 300.00 |
| 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) | PAGE 15 / 26 |
| | <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. Donna M. Policastro

Mailing Address 293 Whitford Ave

City Providence State RI Zip Code 02908-3354

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

Name of Employer Aaron Sherman, MD Occupation RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 23 / 2007

Transaction ID: AD29425BE30444D6A8E3

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Ms. Rosemary A. Corrigan

Mailing Address 636 W. Briar Place

City Chicago State IL Zip Code 60657-4521

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 ▼ 225.00

Date of Receipt 11 / 26 / 2007

Transaction ID: A6118740EF1CC4814886

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Ms. Michaeline Macecsko

Mailing Address 466 Augustus Rd

City Brick State NJ Zip Code 08723-5604

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

Name of Employer Kimball Medical Center Occupation Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 26 / 2007

Transaction ID: A7E161ECA53D2437385C

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 175.00

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 16 / 26
(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. Frances J. Pulliam

Mailing Address 15466 State Hwy U

City State Zip Code
Bernie MO 63822-7103

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
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: ACF3A837C565549B8BAE

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Ms. Emmalou Keyes

Mailing Address 14703 North Trospen

City State Zip Code
Mission TX 78573

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

Name of Employer Hidalgo Co Health Dept Occupation Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: A869A38EEECB343E7899

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Ms. Nora Castinllo

Mailing Address 1522 Attridge Ave

City State Zip Code
Los Angeles CA 90063-1930

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

Name of Employer White Memorial Medical Center Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: A4F5D3C2D05594328A5F

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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 17 / 26

(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. Nora Castinlo

Mailing Address 1522 Attridge Ave

City State Zip Code
Los Angeles CA 90063-1930

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

Name of Employer Occupation
White Memorial Medical Center RN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: A7F4AABDE84834111BA4

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Ms. Beverly J. Reeves-Dudley

Mailing Address 8118 Goodman

City State Zip Code
Overland Park KS 66204-3502

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

Name of Employer Occupation
Ku Medical Center RN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: AA3819A61969448978DD

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Maria E. Cole

Mailing Address 210 Kameha Dr

City State Zip Code
Tiki Island TX 77554

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: A40F785B8420D473DA2A

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

150.00

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

5677.50

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

| | | |
|---|------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 / 26 |
| | (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"/> 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

A.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Bank of America | | Date of Receipt MM / DD / YYYY 11 / 30 / 2007 |
| Mailing Address PO Box 27025 | | Transaction ID: ABDFACFB734724758A94 |
| City Richmond | State VA | Zip Code 23261 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 421.43 |
| Name of Employer | Occupation | interest |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1750.01 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Sun Trust Bank | | Date of Receipt MM / DD / YYYY 11 / 30 / 2007 |
| Mailing Address PO Box 622227 | | Transaction ID: A2764434497AC4EA6A93 |
| City Orlando | State FL | Zip Code 32862-2227 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 3.58 |
| Name of Employer | Occupation | interest |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1515.05 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 425.01 |
| TOTAL This Period (last page this line number only) | ▶ | 425.01 |

**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

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Sun Trust Bank c/oNOVA Regions Bank Montgomery</p> <p>Mailing Address 7300 Chapmans Hwy</p> <p>City Knoxville State TN Zip Code 37920</p> <p>Purpose of Disbursement credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B853BD460C746446292F</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.02"/></p> |
| <p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 27025</p> <p>City Richmond State VA Zip Code 23261</p> <p>Purpose of Disbursement bank fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B4C3B17AD54D04CC78D7</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="857.38"/></p> |
| <p>C. Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement bank fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: BF5FB424768AD410C92D</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="255.68"/></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 20 / 26

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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)
Bank of America Merchant Services

Mailing Address PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
credit card and online lockbox fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: B7DEDFA946F3B428FA43

Date of Disbursement

/ /

Amount of Each Disbursement this Period

105.04

SUBTOTAL of Disbursements This Page (optional)

105.04

TOTAL This Period (last page this line number only)

1259.12

**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

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address PO Box 2232 <hr/> City State Zip Code Jenkinstown PA 19046 <hr/> Purpose of Disbursement <input type="text"/> <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: B5B23D6C5DB124963B1F Date of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount of Each Disbursement this Period <input type="text"/> 1000.00 |
| B. | Full Name (Last, First, Middle Initial) Carney For Congress <hr/> Mailing Address PO Box A <hr/> City State Zip Code Clarks Summit PA 18411 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Christopher P. Carney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B42B94E852D9D49AFADB Date of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount of Each Disbursement this Period <input type="text"/> 1000.00 |
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs <hr/> Mailing Address PO BOX 23940 <hr/> City State Zip Code Santa Barbara CA 93121 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Lois Capps <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B4C6E6E78F6DE4F568DF Date of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount of Each Disbursement this Period <input type="text"/> 2500.00 |

| | |
|--|------------------------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | <input type="text"/> 4500.00 |
| TOTAL 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)

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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

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) HOOLEY FOR CONGRESS <hr/> Mailing Address PO Box 2050 <hr/> City Salem State OR Zip Code 97308 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Darlene Hooley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: BCC1E253A1A8E42C0BF0 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7 |
| | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| | Category/ Type <input type="text"/> |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Schiff For Congress <hr/> Mailing Address 777 S Figueroa St Ste 4050 <hr/> City Los Angeles State CA Zip Code 90017 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Adam B. Schiff <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B32C418428FEE49C18E5 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7 |
| | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| | Category/ Type <input type="text"/> |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS <hr/> Mailing Address PO Box 61337 <hr/> City Denver State CO Zip Code 80206 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Diana L. DeGette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B74BCCB24ED3A42E689E Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7 |
| | Amount of Each Disbursement this Period <input type="text" value="1000.00"/> |
| | Category/ Type <input type="text"/> |
| | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) A Lot of People for Dave Obey | Transaction ID: B410A707655C94680B86 |
| | Mailing Address PO Box 1322 | Date of Disbursement 11 / 05 / 2007 |
| | City Wausau State WI Zip Code 54402-1322 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement | Category/ Type |
| | Candidate Name Rep. Dave R. Obey | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON | Transaction ID: BC7A01E40ACE343E2ABB |
| | Mailing Address 3102 Maple Ave Ste 605 | Date of Disbursement 11 / 05 / 2007 |
| | City Dallas State TX Zip Code 75201 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input checked="" 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) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) BRIAN BAIRD FOR CONGRESS | Transaction ID: B9A53BFA4F15F41C2978 |
| | Mailing Address PO Box 5016 | Date of Disbursement 11 / 08 / 2007 |
| | City Vancouver State WA Zip Code 98668 | Amount of Each Disbursement this Period 1000.00 |
| | Purpose of Disbursement | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input checked="" 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) ▼ |

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)

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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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO COMMIT</p> <p>Mailing Address 12 Trumbull St</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: B39C9C79F83E84614A8A</p> <p>Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W Market St #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: BBE8780806F864B078CB</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngsfield St #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Ed Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: BE0B3A834F8B24ED39AB</p> <p>Date of Disbursement 11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

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 25 / 26

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Van Hollen for Congress <hr/> Mailing Address 10537 St Paul St <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Chris Van Hollen, Jr. <input type="text"/> Category/Type <hr/> 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: MD District: 08 | Transaction ID: B764400AAEF104D91AD8 Date of Disbursement 11 / 08 / 2007 | |
| | Amount of Each Disbursement this Period 1000.00 | |
| | Full Name (Last, First, Middle Initial) Cooper For Congress Committee <hr/> Mailing Address PO Box 198497 <hr/> City Nashville State TN Zip Code 37219 <hr/> Purpose of Disbursement <input type="text"/> Category/Type <hr/> Candidate Name Rep. Jim Cooper <input type="text"/> Category/Type <hr/> 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: TN District: 05 | Transaction ID: BA74E2AE68262457C9F9 Date of Disbursement 11 / 26 / 2007 |
| | Amount of Each Disbursement this Period 1000.00 | |
| C. Full Name (Last, First, Middle Initial) Tim Walz For Congress <hr/> Mailing Address PO Box 938 <hr/> City Mankato State MN Zip Code 56002 <hr/> Purpose of Disbursement <input type="text"/> Category/Type <hr/> Candidate Name Timothy J. Walz <input type="text"/> Category/Type <hr/> 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: MN District: 01 | Transaction ID: BF47836BE4EEB4BCAB33 Date of Disbursement 11 / 08 / 2007 | |
| | Amount of Each Disbursement this Period 1000.00 | |

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| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | 16500.00 |

**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)

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| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Ms. Janice E. Bussert <hr/> Mailing Address 9427 SW 268th St <hr/> City Vashon State WA Zip Code 98070 <hr/> Purpose of Disbursement wanted refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B569EBA19B7244096B32 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 250.00 |
| | Category/ Type |
| | Category/ Type |
| B. Full Name (Last, First, Middle Initial) Ms. Nancy Jorn <hr/> Mailing Address 3116 W. 28th Circle <hr/> City Lawrence State KS Zip Code 66047-3900 <hr/> Purpose of Disbursement mistakenly gave twice and wanted a refun Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: BB1ACBEB945B54F28B98 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 52.00 |
| | Category/ Type |
| | Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ►

302.00

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

302.00