

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

Office Use Only

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

American Nurses Association PAC

ADDRESS (number and street)

8515 Georgia Avenue

Suite 400

☐ Check if different
than previously
reported. (ACC)

Silver Spring

MD

20910

3492

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00017525

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 8

2 0 0 6

through

1 2

3 1

2 0 0 6

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

0 4

0 4

2 0 0 7

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. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>2006</div></div>	<div><div>9</div><div>8</div><div>5</div><div>2</div><div>2</div><div>6</div><div>3</div></div>
(b) Cash on Hand at Beginning of Reporting Period	<div><div>8</div><div>5</div><div>9</div><div>3</div><div>2</div><div>8</div><div>0</div></div>	
(c) Total Receipts (from Line 19)	<div><div>6</div><div>4</div><div>0</div><div>0</div><div>4</div><div>8</div></div>	<div><div>4</div><div>3</div><div>0</div><div>3</div><div>4</div><div>4</div><div>4</div></div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div><div>9</div><div>2</div><div>3</div><div>3</div><div>2</div><div>8</div><div>0</div></div>	<div><div>5</div><div>2</div><div>8</div><div>8</div><div>6</div><div>7</div><div>0</div></div>
7. Total Disbursements (from Line 31)	<div><div>1</div><div>0</div><div>5</div><div>3</div><div>6</div><div>8</div><div>1</div></div>	<div><div>4</div><div>4</div><div>7</div><div>0</div><div>5</div><div>1</div><div>0</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div>8</div><div>1</div><div>7</div><div>9</div><div>5</div><div>9</div><div>9</div></div>	<div><div>8</div><div>1</div><div>8</div><div>1</div><div>5</div><div>9</div><div>9</div></div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div><div>0</div></div>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	1482.00	56983.98
(i) Itemized (use Schedule A)	4786.00	368971.69
(ii) Unitemized	6268.00	425955.67
(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)	6268.00	425955.67
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	132.48	3388.77
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))	6400.48	430344.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6400.48	430344.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		536.81	17720.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		536.81	17720.88
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		10000.00	403086.30
24. Independent Expenditure (use Schedule E)		0.00	25943.90
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	300.00
(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	300.00
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))..		10536.81	447051.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		10536.81	447051.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6268.00	425955.67
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6268.00	425655.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	536.81	17720.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	536.81	17720.88

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Janice A. Smith

Mailing Address 31 Raven Dr

City	State	Zip Code
Morristown	NJ	07960-6412

FEC ID number of contributing federal political committee.

C

Name of Employer
Internal Medicine of MorristownOccupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

Transaction ID: A093E94D1ECC041508A2

Amount of Each Receipt this Period

52.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. Shannon E. Perry

Mailing Address 13232 N. 3rd Place

City	State	Zip Code
Phoenix	AZ	85022-5246

FEC ID number of contributing federal political committee.

C

Name of Employer
San Francisco State UniversityOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: A666E57CB7E7D43038AE

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Ms. Martha A Dawson

Mailing Address Vp/Cno
530 S Jackson St

City	State	Zip Code
Louisville	KY	40202

FEC ID number of contributing federal political committee.

C

Name of Employer
University of Louisville HospitalOccupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	6

Transaction ID: AD3ED9D20AF4A4B98ABC

Amount of Each Receipt this Period

200.00

Check

SUBTOTAL of Receipts This Page (optional)

502.00

TOTAL This Period (last page this line number only)

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

PAGE 7 / 15

<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. Margarete Lieb Zalon Mailing Address 128 Savage Rd City State Zip Code Waymart PA 18472-3027 FEC ID number of contributing federal political committee. C Name of Employer Occupation Scranton University Instructor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: AC288136E87C3443394B Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Check	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	8		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	8		2	0	0	6														
500.00																							
B. Full Name (Last, First, Middle Initial) Ms. Mary L Scott Mailing Address 2122 East Phillips Ln City State Zip Code Centennial CO 80122-3238 FEC ID number of contributing federal political committee. C Name of Employer Occupation Pyxis Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A697AFB9702BE4D86B8B Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Check	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	2		2	0	0	6														
25.00																							
C. Full Name (Last, First, Middle Initial) Dr. Lois A. Johns Mailing Address 12806 Varrientos City State Zip Code San Antonio TX 78233-5528 FEC ID number of contributing federal political committee. C Name of Employer Occupation Department of Veterans Administration Researcher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A4BA5CB6D26F346CA880 Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table> Check	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	2		2	0	0	6	25.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	2		2	0	0	6														
25.00																							

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

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

Ms. Darlene D. Borromeo

Mailing Address 63 Summit Rd

City State Zip Code
Hamburg NJ 07419-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harborside Health Care

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: A75C608288FE040B5918

Amount of Each Receipt this Period

20.00

Check

B. 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 ▼

335.00

Date of Receipt

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

Transaction ID: A4A2982E55108468AB56

Amount of Each Receipt this Period

25.00

Check

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

Ms. Joylynn L. Daniels

Mailing Address 2712 Brookdale Ct

City State Zip Code
Crestview Hills KY 41017-2219

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

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

Transaction ID: A3FBE272699394D1E9D8

Amount of Each Receipt this Period

25.00

Check

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 15

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

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

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Gail Pruett Mailing Address 2648 Burton Rd City Durham State NC Zip Code 27704-3811 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 ▼ 475.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: AD54F5C234F5644F38C8 Amount of Each Receipt this Period 25.00 Check
B. Full Name (Last, First, Middle Initial) Mr. Douglas Dh Burns Mailing Address 8104 Bear Creek Dr City Austin State TX Zip Code 78737-4401 FEC ID number of contributing federal political committee. C Name of Employer Professional Perioperative Services, P Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 670.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: A2D9C7120536243619A6 Amount of Each Receipt this Period 50.00 Check
C. Full Name (Last, First, Middle Initial) Ms. Donna M. Warzynski Mailing Address 2001 Riverview Avenue, #86 City Stevens Point State WI Zip Code 54481-5278 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 ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: A8A9D8D0FB4964FE8966 Amount of Each Receipt this Period 50.00 Check

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Jo Anne Penn Mailing Address 285 Aycrigg Ave Unit 16 J City Passaic State NJ Zip Code 07055-3737 FEC ID number of contributing federal political committee. C Name of Employer Messina Pediatrics Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: A52A0CB782EE34FD6BC3 Amount of Each Receipt this Period 50.00 Check
B. Full Name (Last, First, Middle Initial) Dr. Debra D. Hatmaker Mailing Address 10 51 Ln Creek Ct City Bishop State GA Zip Code 30621-1170 FEC ID number of contributing federal political committee. C Name of Employer GA Nurses Association Occupation Chief Programs Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 765.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: AF7082134D5B24EF6A16 Amount of Each Receipt this Period 85.00 Check
C. Full Name (Last, First, Middle Initial) Ms. Judith Huntington Mailing Address 12816 SE 243rd St City Kent State WA Zip Code 98030-5083 FEC ID number of contributing federal political committee. C Name of Employer WA State Nurses Association Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 885.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 6 Transaction ID: A760E3BDA5F8A4F51A9D Amount of Each Receipt this Period 100.00 Check
SUBTOTAL of Receipts This Page (optional) ▶		235.00
TOTAL This Period (last page this line number only) ▶		1482.00

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)

PAGE 11 / 15

<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

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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
Bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B69B0563E876945B9AA2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

498.39

SUBTOTAL of Disbursements This Page (optional)

498.39

TOTAL This Period (last page this line number only)

498.39

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 / 15

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

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

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Max Baucus

Mailing Address PO Box 586

City
Helene

State
MT

Zip Code
59624

Purpose of Disbursement

Candidate Name
Sen. Max S. Baucus

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: MT District:

Transaction ID: B79EBC2628CEA4045A1E

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens for Harkin

Mailing Address PO Box 811

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement

Candidate Name
Sen. Tom Harkin

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: IA District:

Transaction ID: B516E3FF1F5574BF6A92

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Yarmuth for Congress

Mailing Address 1815 Brownsboro Rd
Ste 100

City
Louisville

State
KY

Zip Code
40206

Purpose of Disbursement

Candidate Name
Rep. John A Yarmuth

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 03

Transaction ID: B0808F700ED8D4F33B81

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

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

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

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Whitehouse -6

Mailing Address PO Box 40280

City
Providence

State
RI

Zip Code
02940

Purpose of Disbursement

Candidate Name
Sen. Sheldon Whitehouse, II

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District:

Transaction ID: B2CA748ADD6AC418BBFC

Date of Disbursement

12 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michaud for Congress

Mailing Address 213 Lisbon St

City
Lewiston

State
ME

Zip Code
04240

Purpose of Disbursement

Candidate Name
Rep. Michael H. Michaud

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: ME District: 02

Transaction ID: B49296F75D05F43ED813

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Courtney for Congress

Mailing Address 38 Risley Rd

City
Vernon

State
CT

Zip Code
06066

Purpose of Disbursement

Candidate Name
Rep. Joe Courtney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: BCA6603A296BA41A38AD

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

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

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

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Committee for a Democratic Majority

Mailing Address 301 4th St NE
Ste 202

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: BA3F53F35D4E6449DB49

Date of Disbursement

12 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hodes for Congress

Mailing Address 26 S Main St #253

City Concord State NH Zip Code 03301

Purpose of Disbursement

Candidate Name
Rep. Paul W Hodes

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: B065F4BBEFEBE4E65AD5

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gillibrand for Congress

Mailing Address PO Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement

Candidate Name
Rep. Kirsten E Gillibrand

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: BDBF6616017D44A0FA5E

Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

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

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

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. McNerney for Congress

Mailing Address 5429 Madison Ave

City
Sacramento

State
CA

Zip Code
95840

Purpose of Disbursement

Candidate Name
Rep. Jerry McNerney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: B69FD98F3976F41F68E8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

10000.00