

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

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	196526.53									
(c) Total Receipts (from Line 19)	20535.13	358130.40								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	217061.66	439946.39								
7. Total Disbursements (from Line 31)	33413.69	256298.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	183647.97	183647.97								
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
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

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	4382.00	31663.00
(i) Itemized (use Schedule A)	15770.00	324986.06
(ii) Unitemized	20152.00	356649.06
(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)	20152.00	356649.06
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.)	383.13	2367.34
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))	20535.13	358130.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20535.13	358130.40

DETAILED SUMMARY PAGE

of Disbursements

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.....	1393.69	15343.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1393.69	15343.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	240000.00
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	20.00	955.00
(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))	20.00	955.00
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))..	33413.69	256298.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33413.69	256298.42

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	20152.00	356649.06
34. Total Contribution Refunds (from Line 28(d))	20.00	955.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20132.00	355694.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1393.69	15343.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1393.69	15343.42

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 27
(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. Michele M. Valentino

Mailing Address 5636 Gray Fox Dr NW

City State Zip Code
Canton OH 44718-1479

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

Name of Employer Occupation
Veterans Administration Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2007

Transaction ID: A499C9E7DB3814CB6BEC

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Mary M. Germain

Mailing Address 15 Washington St

City State Zip Code
Rocky Hill NJ 08553-1029

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

Name of Employer Occupation
University of New York School of Nursi Instructor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2007

Transaction ID: A5002D3002B874DDEA68

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Michele P. Campbell

Mailing Address 1006 Kent Dr

City State Zip Code
Mechanicsburg PA 17050-7607

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

Name of Employer Occupation
PA State Nurses Assoc Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2007

Transaction ID: A23269C32968A40A08E0

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<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. Elizabeth A. Nelson	Date of Receipt MM / DD / YYYY 09 / 07 / 2007
	Mailing Address 7704 Queen St	Transaction ID: AFBDAC0EE51A64585BB2
	City State Zip Code Wyndmoor PA 19038-8033	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Nurses Association Occupation Director of Programs 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) Ms. Lola M. Fehr	Date of Receipt MM / DD / YYYY 09 / 10 / 2007
	Mailing Address 17 Woodlake Road, #1	Transaction ID: ADCB49AD5CA344C1A8A5
	City State Zip Code Albany NY 12203-3973	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New York Nursing Association Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Nancyjane Batten	Date of Receipt MM / DD / YYYY 09 / 11 / 2007
	Mailing Address 1258 Princetown Rd	Transaction ID: AF90F9448873D49D9B6B
	City State Zip Code Schenectady NY 12306-9779	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer V A MED CENTER Occupation RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<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)
Georgia Nurses Assoc CMA

Mailing Address 3032 Briarcliff Rd

City Atlanta State GA Zip Code 30329-2602

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 ▼ 218.00

Date of Receipt 09 / 17 / 2007

Transaction ID: A06DAA42D89334309A75

Amount of Each Receipt this Period 218.00

Pass the Hat donations from th

B.

Full Name (Last, First, Middle Initial)
Ms. Rose I. Gonzalez

Mailing Address 3318 Cullers Ct

City Woodbridge State VA Zip Code 22192-1085

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

Name of Employer ANA Occupation Director of Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2007

Transaction ID: A755F2F25C51945C983F

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Ms. Virginia Harshey-Meade

Mailing Address 653 Culpepper Dr

City Reynoldsburg State OH Zip Code 43068-7256

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

Name of Employer Ohio State Nurses Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2007

Transaction ID: AC80801CAAB7C45AB8BE

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **968.00**

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 9 / 27
	<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. Tracey A. Wilds

Mailing Address 114 Ridley Howard Ct

City Decatur State GA Zip Code 30030-2374

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

Name of Employer Crawford Long Hospital Occupation Clinical Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2007

Transaction ID: AFB68A8AC186146E8860

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Ms. Susan E. King

Mailing Address 4712 SW Flower Ct

City Portland State OR Zip Code 97221-2928

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

Name of Employer Oregon Nurses Assc Occupation Administrator of Professional Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2007

Transaction ID: AA178E312E6884634B81

Amount of Each Receipt this Period 250.00

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

Mailing Address 2027 Lincoln Ave

City Lakewood State OH Zip Code 44107-6031

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

Name of Employer American Nurses Association Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 17 / 2007

Transaction ID: A84A4EC1C181D4326ABB

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27
(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)
Ms. Barbara A. Blakeney
Mailing Address 21 Andrea Rd
City Waltham State MA Zip Code 02453-2801
FEC ID number of contributing federal political committee. **C**
Name of Employer ANA Occupation President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 09 / 18 / 2007
Transaction ID: AC68E12B8DCFC4A75835
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Aloma A Bascombe
Mailing Address 4295 Webster Ave Apt 6g
City Bronx State NY Zip Code 10470
FEC ID number of contributing federal political committee. **C**
Name of Employer JEWISH HOME & HOSP Occupation RN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 09 / 20 / 2007
Transaction ID: A5E38D41EEF534B80A10
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Kathleen A. Ennen
Mailing Address 6169 River Sound Circle
City Southport State NC Zip Code 28461-3141
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-employed Occupation RN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 09 / 21 / 2007
Transaction ID: A54502AEED35F42E981D
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 27
(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. Sharon 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 Occupation
NJSNA RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: A2AB1A5E7D45A4A61870

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Ms. Gail Pruett

Mailing Address 2648 Burton Rd

City State Zip Code
Durham NC 27704-3811

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

Name of Employer Occupation
North Carolina Nurses Association Director of Nursing/Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: A2039F7A9B9F64EA8835

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 8104 Bear Creek Dr

City State Zip Code
Austin TX 78737-4401

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

Name of Employer Occupation
Professional Perioperative Services, P RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: AA630D7D54ADA4A42B2D

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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 / 27
	<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) Dr. Debra Hatmaker	Date of Receipt MM / DD / YYYY 09 / 21 / 2007
	Mailing Address 10 51 Ln Creek Ct	Transaction ID: AED9D53C209D843B4B87
	City State Zip Code Bishop GA 30621-1170	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GA Nurses Association Chief Programs Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

B.	Full Name (Last, First, Middle Initial) Denise C.C. Deel	Date of Receipt MM / DD / YYYY 09 / 25 / 2007
	Mailing Address 215 Mallard Ct	Transaction ID: ADCFB77906D9F4696B58
	City State Zip Code Havre De Grace MD 21078-4137	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation First Assist Inc Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	

C.	Full Name (Last, First, Middle Initial) Denise C.C. Deel	Date of Receipt MM / DD / YYYY 09 / 25 / 2007
	Mailing Address 215 Mallard Ct	Transaction ID: A7BCF89FE9CBA4487A97
	City State Zip Code Havre De Grace MD 21078-4137	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation First Assist Inc Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	

SUBTOTAL of Receipts This Page (optional)	410.00
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 / 27
	<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) Denise C.C. Deel		Date of Receipt MM / DD / YYYY 09 / 25 / 2007		
	Mailing Address 215 Mallard Ct		Transaction ID: A15491A9D2D6E4DBB895		
	City Havre De Grace	State MD	Zip Code 21078-4137	Amount of Each Receipt this Period 52.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer First Assist Inc	Occupation Nurse	Aggregate Year-to-Date 429.00		

B.	Full Name (Last, First, Middle Initial) Denise C.C. Deel		Date of Receipt MM / DD / YYYY 09 / 25 / 2007		
	Mailing Address 215 Mallard Ct		Transaction ID: AAEB2D82F143549E3A97		
	City Havre De Grace	State MD	Zip Code 21078-4137	Amount of Each Receipt this Period 52.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer First Assist Inc	Occupation Nurse	Aggregate Year-to-Date 429.00		

C.	Full Name (Last, First, Middle Initial) Dr. Linda K. Pehl		Date of Receipt MM / DD / YYYY 09 / 27 / 2007		
	Mailing Address 2208 University Dr		Transaction ID: A3B6652FD1EEF48A19DA		
	City Belton	State TX	Zip Code 76513-2537	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of Mary Hardin-Baylor	Occupation Professor	Aggregate Year-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional)	254.00
TOTAL This Period (last page this line number only)	4382.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 27
	(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 09 / 30 / 2007
Mailing Address PO Box 27025		Transaction ID: AE782D720A2054ADC9E4
City Richmond	State VA	Zip Code 23261
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 295.14
Name of Employer	Occupation	interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 858.93	

B.

Full Name (Last, First, Middle Initial) Sun Trust Bank		Date of Receipt MM / DD / YYYY 09 / 30 / 2007
Mailing Address PO Box 622227		Transaction ID: A776BC59F93FA4F52B64
City Orlando	State FL	Zip Code 32862-2227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 87.99
Name of Employer	Occupation	interst
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1508.41	

SUBTOTAL of Receipts This Page (optional)	▶	383.13
TOTAL This Period (last page this line number only)	▶	383.13

**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

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

NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>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: B133BE43A086D47D6997</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="99.36"/></p> <p>Category/Type</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: B5EB60EA3BDC44C44A67</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="874.86"/></p> <p>Category/Type</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: BBE79E017601C4C24BC9</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="325.28"/></p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1299.50"/>
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)

PAGE 16 / 27

<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: B28E2968D05F64E6CB35

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

94.19

SUBTOTAL of Disbursements This Page (optional)

94.19

TOTAL This Period (last page this line number only)

1393.69

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A. Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 NE Holladay Ste 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR 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: BE1B71B59A1074BC1A1D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) The Reed Committee</p> <p>Mailing Address PO Box 8628</p> <p>City Cranston State RI Zip Code 02920</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Jack F. Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9F902897D50E46F18AC</p> <p>Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 10 GSt NE Ste 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF5CF66C436BF4C7580A</p> <p>Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 27

<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) CHRISTOPHER SHAYS CONGRESS COM <hr/> Mailing Address 98 E Ave Rear Bulding <hr/> City Norwalk State CT Zip Code 06851 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Christopher Shays <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2B81719F6DE244998DB Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Gordon Smith <hr/> Mailing Address PO Box 1316 <hr/> City Springfield State OR Zip Code 97477 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Gordon H. Smith <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B81CC9EF9C0754EB5BA7 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Commi <hr/> Mailing Address 1533 Johnnys Way <hr/> City West Chester State PA Zip Code 19382 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Earl Blumenauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5A2EC86A117945BF92C Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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 19 / 27

<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 MAURICE HINCHEY</p> <p>Mailing Address PO Box 4497</p> <p>City Kingston State NY Zip Code 12402</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Maurice D. Hinchey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4187B0CE409E44549E2</p> <p>Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Leonard L. Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA 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: BA80AE63AA3394FBE925</p> <p>Date of Disbursement 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) COMMITTEE FOR BART GORDON, The</p> <p>Mailing Address PO Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD57CD21BCE96437FB2A</p> <p>Date of Disbursement 09 / 05 / 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 20 / 27

<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) Heath Shuler for Congress <hr/> Mailing Address 38 Ivy St SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Heath Shuler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8DDB9C8CF3D340AF815 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 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) John D Dingell for Congress Committee <hr/> Mailing Address 607 14th St NW Ste 800 <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. John D. Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2AF3900BCA7F4453920 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 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) LATOURETTE FOR CONGRESS <hr/> Mailing Address 320 Kenarden Dr <hr/> City Highland Heights State OH Zip Code 44143 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Steven C. LaTourette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B001F312C73734B2E8CF Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 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) ▶	<input type="text" value="3000.00"/>
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)

PAGE 21 / 27

<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) Friends Of Mary Landrieu Inc	Transaction ID: B99F8D5D90EB04ED2BD1
	Mailing Address 10 G St NE, Ste 460	Date of Disbursement 09 / 11 / 2007
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Sen. Mary L. Landrieu	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN CONYERS	Transaction ID: B32684190A5274AD895D
	Mailing Address 5 Rosecraft Dr	Date of Disbursement 09 / 14 / 2007
	City Fredricksberg State VA Zip Code 22407	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. John Conyers, Jr.	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Friends of John Barrasso	Transaction ID: BEDB6953965374A6E98A
	Mailing Address 406 Virginia Ave	Date of Disbursement 09 / 04 / 2007
	City Alexandria State VA Zip Code 22302	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Sen. John Barrasso	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY 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)

<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) Debbie Wasserman Schultz for Congress <hr/> Mailing Address PO Box 71147 <hr/> City Washington State DC Zip Code 20004 Purpose of Disbursement <hr/> Candidate Name Rep. Debbie Wasserman Schultz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B81726902A64E44FB9E5 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Nancy Boyda For Congress <hr/> Mailing Address PO Box 1474 <hr/> City Topeka State KS Zip Code 66612 Purpose of Disbursement <hr/> Candidate Name Nancy E. Boyda Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B65BF0BCF1F1E498BBDF Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citizens for Harkin <hr/> Mailing Address PO Box 811 <hr/> City Des Moines State IA Zip Code 50304 Purpose of Disbursement <hr/> Candidate Name Sen. Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5D9E1B13F8A8472EB2C Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 23 / 27

<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) Citizens For John Olver For Congress</p> <p>Mailing Address 38 Ivy St SE</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John W. Olver Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 01</p>	<p>Transaction ID: B9E942364D4314AC090F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Loebsack for Congress</p> <p>Mailing Address PO Box 1457</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dave Loebsack Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 02</p>	<p>Transaction ID: BB0A34754651E42FB9E8</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Susan M. Collins Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" 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: ME District:</p>	<p>Transaction ID: B3B88D377AC38487E826</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER: (check only one)

<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) FRIENDS OF CAROLYN MCCARTHY <hr/> Mailing Address 151 Linden Rd <hr/> City Mineola State NY Zip Code 11501 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Carolyn McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B174DC7B0BC79460AA0E Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2007
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS <hr/> Mailing Address 1736 Franklin St #400 <hr/> City Oakland State CA Zip Code 94612 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Barbara J. Lee <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B215725151D71480E957 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2007
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalva Congressional Committee <hr/> Mailing Address PO Box 1242 <hr/> City Tucson State AZ Zip Code 85702 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Raul M. Grijalva <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6966D82948EC4D7B850 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2007
	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)

<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.</p> <p>Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Ste 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Sherrod C. Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B248D5ED85D5547C2937</p> <p>Date of Disbursement 09 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helene State MT Zip Code 59624</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Max S. Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B842E19A32CA244449E2</p> <p>Date of Disbursement 09 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON</p> <p>Mailing Address PO Box 100</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Bennie G. Thompson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B01B3487FFABA45C4B8A</p> <p>Date of Disbursement 09 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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 26 / 27

<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) Arcuri for Congress		Transaction ID: B5471172E29AA42F29CB	
	Mailing Address PO Box 508		Date of Disbursement 09 / 05 / 2007	
	City Utica	State NY	Zip Code 13505	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement		Category/ Type	
	Candidate Name Michael A. Arcuri			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: NY	District: 24		

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	32000.00

**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 27 / 27

<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)
Terry S Oaks

Transaction ID: B2CFC6293CC8D4989908

Date of Disbursement

Mailing Address PO Box 7514

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	7

City Springdale State AR Zip Code 72766-7514

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement
Our bank mistakingly deposited a check n

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

20.00

TOTAL This Period (last page this line number only)

20.00