

**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

09

01

2007

through

09

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

02

12

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		81815.99
(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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	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

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.....	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

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)	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
Veterans Administration

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 7

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
University of New York School of Nursi

Occupation
Instructor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 7

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
PA State Nurses Assoc

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 6 / 2 0 0 7

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: PAGE 7 / 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. Elizabeth A. Nelson

Mailing Address 7704 Queen St

City

Wyndmoor

State

PA

Zip Code

19038-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Nurses Associati-
on

Occupation

Director of Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: AFBDAC0EE51A64585BB2

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ms. Lola M. Fehr

Mailing Address 17 Woodlake Road, #1

City

Albany

State

NY

Zip Code

12203-3973

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Nursing Associat-
ion

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: ADCB49AD5CA344C1A8A5

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Nancyjane Batten

Mailing Address 1258 Princetown Rd

City

Schenectady

State

NY

Zip Code

12306-9779

FEC ID number of contributing
federal political committee.

C

Name of Employer
V A MED CENTER

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
0	9		1	1		2	0	0	7

Transaction ID: AF90F9448873D49D9B6B

Amount of Each Receipt this Period

50.00

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: PAGE 8 / 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)

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

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

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

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

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

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

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

☒ 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. 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

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

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

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

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 Associati-
on

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

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)
for each category of the
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

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

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

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

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

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

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)

☒ 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. Sharon Rainer

Mailing Address 221 Union St

City

Moorestown

State

NJ

Zip Code

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 ▼

350.00

Date of Receipt

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

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

Durham

State

NC

Zip Code

27704-3811

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Carolina Nurses Ass-
ociation

Occupation
Director of Nursing/Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

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

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

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: PAGE 12 / 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)

Dr. Debra 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:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

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

Transaction ID: AED9D53C209D843B4B87

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Denise C.C. Deel

Mailing Address 215 Mallard Ct

City

Havre De Grace

State

MD

Zip Code

21078-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Assist Inc

Occupation

Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: ADCFB77906D9F4696B58

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Denise C.C. Deel

Mailing Address 215 Mallard Ct

City

Havre De Grace

State

MD

Zip Code

21078-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Assist Inc

Occupation

Nurse

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: A7BCF89FE9CBA4487A97

Amount of Each Receipt this Period

250.00

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: PAGE 13 / 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)

Denise C.C. Deel

Mailing Address 215 Mallard Ct

City

Havre De Grace

State

MD

Zip Code

21078-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Assist Inc

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: A15491A9D2D6E4DBB895

Amount of Each Receipt this Period

52.00

B.

Full Name (Last, First, Middle Initial)

Denise C.C. Deel

Mailing Address 215 Mallard Ct

City

Havre De Grace

State

MD

Zip Code

21078-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Assist Inc

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: AAEB2D82F143549E3A97

Amount of Each Receipt this Period

52.00

C.

Full Name (Last, First, Middle Initial)

Dr. Linda K. Pehl

Mailing Address 2208 University Dr

City

Belton

State

TX

Zip Code

76513-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Mary Hardin-Baylor

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: A3B6652FD1EEF48A19DA

Amount of Each Receipt this Period

150.00

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)

☐ 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)

Bank of America

Mailing Address PO Box 27025

City

Richmond

State

VA

Zip Code

23261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.93

Date of Receipt

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

Transaction ID: AE782D720A2054ADC9E4

Amount of Each Receipt this Period

295.14

interest

B.

Full Name (Last, First, Middle Initial)

Sun Trust Bank

Mailing Address PO Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1508.41

Date of Receipt

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

Transaction ID: A776BC59F93FA4F52B64

Amount of Each Receipt this Period

87.99

interst

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)

PAGE 15 / 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)
Sun Trust Bank c/oNOVA Regions Bank Montgomery

Mailing Address 7300 Chapmans Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
credit card fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B133BE43A086D47D6997

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

99.36

B. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement
bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: B5EB60EA3BDC44C44A67

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

874.86

C. Full Name (Last, First, Middle Initial)
Sun Trust Bank

Mailing Address PO Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
bank fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: BBE79E017601C4C24BC9

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

325.28

SUBTOTAL of Disbursements This Page (optional)

1299.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 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

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B28E2968D05F64E6CB35

Date of Disbursement

/ /

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

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

American Nurses Association PAC

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

Mailing Address 98 E Ave Rear Bulding

City State Zip Code
Norwalk CT 06851

Purpose of Disbursement

Candidate Name
Rep. Christopher ShaysCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

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

B.

Full Name (Last, First, Middle Initial)

Friends of Gordon Smith

Mailing Address PO Box 1316

City State Zip Code
Springfield OR 97477

Purpose of Disbursement

Candidate Name
Sen. Gordon H. SmithCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

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

C.

Full Name (Last, First, Middle Initial)

Jim Gerlach For Congress Commi

Mailing Address 1533 Johnnys Way

City State Zip Code
West Chester PA 19382

Purpose of Disbursement

Candidate Name
Rep. Earl BlumenauerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

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

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

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

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF MAURICE HINCHEY

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

Candidate Name
Rep. Maurice D. Hinchey

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 22

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

Category/
Type

Transaction ID: B4187B0CE409E44549E2

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BOSWELL FOR CONGRESS COMMITTEE

Mailing Address PO Box 6220

City Des Moines State IA Zip Code 50309

Purpose of Disbursement

Candidate Name
Rep. Leonard L. Boswell

Office Sought: ☒ House
☐ Senate
☐ President

State: IA District: 03

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

Category/
Type

Transaction ID: BA80AE63AA3394FBE925

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
COMMITTEE FOR BART GORDON, The

Mailing Address PO Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

Candidate Name
Rep. Bart Gordon

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 06

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

Category/
Type

Transaction ID: BD57CD21BCE96437FB2A

Date of Disbursement

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 PageFOR 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/> <table> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20003</td> </tr> </table> Purpose of Disbursement <hr/> <table> <tr> <td>Candidate Name Heath Shuler</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> </tr> <tr> <td>Disbursement For: 2008</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▼</td> <td></td> </tr> <tr> <td>State: NC District: 11</td> <td></td> </tr> </table>	City Washington	State DC	Zip Code 20003	Candidate Name Heath Shuler	Category/ Type	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: NC District: 11		Transaction ID: B8DDB9C8CF3D340AF815 Date of Disbursement <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	0	7
City Washington	State DC	Zip Code 20003																																		
Candidate Name Heath Shuler	Category/ Type																																			
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: NC District: 11																																				
M	M	/	D	D	/	Y	Y	Y	Y																											
0	9		0	4		2	0	0	7																											
B.	Full Name (Last, First, Middle Initial) John D Dingell for Congress Committee <hr/> Mailing Address 607 14th St NW Ste 800 <hr/> <table> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20005</td> </tr> </table> Purpose of Disbursement <hr/> <table> <tr> <td>Candidate Name Rep. John D. Dingell</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> </tr> <tr> <td>Disbursement For: 2008</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▼</td> <td></td> </tr> <tr> <td>State: MI District: 15</td> <td></td> </tr> </table>	City Washington	State DC	Zip Code 20005	Candidate Name Rep. John D. Dingell	Category/ Type	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: MI District: 15		Transaction ID: B2AF3900BCA7F4453920 Date of Disbursement <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	0	7
City Washington	State DC	Zip Code 20005																																		
Candidate Name Rep. John D. Dingell	Category/ Type																																			
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: MI District: 15																																				
M	M	/	D	D	/	Y	Y	Y	Y																											
0	9		1	0		2	0	0	7																											
C.	Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS <hr/> Mailing Address 320 Kenarden Dr <hr/> <table> <tr> <td>City Highland Heights</td> <td>State OH</td> <td>Zip Code 44143</td> </tr> </table> Purpose of Disbursement <hr/> <table> <tr> <td>Candidate Name Rep. Steven C. LaTourette</td> <td rowspan="2">Category/ Type</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> </tr> <tr> <td>Disbursement For: 2008</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▼</td> <td></td> </tr> <tr> <td>State: OH District: 14</td> <td></td> </tr> </table>	City Highland Heights	State OH	Zip Code 44143	Candidate Name Rep. Steven C. LaTourette	Category/ Type	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: OH District: 14		Transaction ID: B001F312C73734B2E8CF Date of Disbursement <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div>1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	7
City Highland Heights	State OH	Zip Code 44143																																		
Candidate Name Rep. Steven C. LaTourette	Category/ Type																																			
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: OH District: 14																																				
M	M	/	D	D	/	Y	Y	Y	Y																											
0	9		1	4		2	0	0	7																											
SUBTOTAL of Disbursements This Page (optional) ►		<div>3000.00</div>																																		
TOTAL This Period (last page this line number only) ►		<div></div>																																		

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

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

Mailing Address 10 G St NE, Ste 460

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

Sen. Mary L. Landrieu

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: LA

District:

Transaction ID: B99F8D5D90EB04ED2BD1

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN CONYERS

Mailing Address 5 Rosecraft Dr

City
Fredricksberg

State
VA

Zip Code
22407

Purpose of Disbursement

Candidate Name

Rep. John Conyers, Jr.

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: MI

District: 14

Transaction ID: B32684190A5274AD895D

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends of John Barrasso

Mailing Address 406 Virginia Ave

City
Alexandria

State
VA

Zip Code
22302

Purpose of Disbursement

Candidate Name

Sen. John Barrasso

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: WY

District:

Transaction ID: BEDB6953965374A6E98A

Date of Disbursement

09 / 04 / 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:
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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

Mailing Address PO Box 71147

City Washington State DC Zip Code 20004

Purpose of Disbursement

Candidate Name
Rep. Debbie Wasserman Schultz

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 20

Transaction ID: B81726902A64E44FB9E5

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Nancy Boyda For Congress

Mailing Address PO Box 1474

City Topeka State KS Zip Code 66612

Purpose of Disbursement

Candidate Name
Nancy E. Boyda

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KS District: 02

Transaction ID: B65BF0BCF1F1E498BBDF

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
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: B5D9E1B13F8A8472EB2C

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Citizens For John Olver For Congress

Mailing Address 38 Ivy St SE

City Washington State DC Zip Code 20037

Purpose of Disbursement

Candidate Name
Rep. John W. Olver

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MA District: 01

Transaction ID: B9E942364D4314AC090F

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Loebsack for Congress

Mailing Address PO Box 1457

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

Candidate Name
Rep. Dave Loebsack

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IA District: 02

Transaction ID: BB0A34754651E42FB9E8

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement

Candidate Name
Sen. Susan M. Collins

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: ME District:

Transaction ID: B3B88D377AC38487E826

Date of Disbursement

09 / 26 / 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**

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 Linden Rd

City Mineola State NY Zip Code 11501

Purpose of Disbursement

Candidate Name
Rep. Carolyn McCarthy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 04

Transaction ID: B174DC7B0BC79460AA0E

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BARBARA LEE FOR CONGRESS

Mailing Address 1736 Franklin St #400

City Oakland State CA Zip Code 94612

Purpose of Disbursement

Candidate Name
Rep. Barbara J. Lee

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 09

Transaction ID: B215725151D71480E957

Date of Disbursement

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

Mailing Address PO Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement

Candidate Name
Rep. Raul M. Grijalva

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AZ District: 07

Transaction ID: B6966D82948EC4D7B850

Date of Disbursement

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)
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Detailed Summary PageFOR LINE NUMBER:
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<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 Sherrod Brown

Mailing Address PO Box 76187
Ste 800

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name
Rep. Sherrod C. BrownCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: B248D5ED85D5547C2937

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

2000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Max Baucus

Mailing Address PO Box 586

City Helene State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
Sen. Max S. BaucusCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: B842E19A32CA244449E2

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

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF BENNIE THOMPSON

Mailing Address PO Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement

Candidate Name
Rep. Bennie G. ThompsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 02

Transaction ID: B01B3487FFABA45C4B8A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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<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

Mailing Address PO Box 508

City
Utica

State
NY

Zip Code
13505

Purpose of Disbursement

Candidate Name

Michael A. Arcuri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY

District: 24

Transaction ID: B5471172E29AA42F29CB

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)

32000.00

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

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<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

Mailing Address PO Box 7514

City
Springdale

State
AR

Zip Code
72766-7514

Purpose of Disbursement
Our bank mistakingly deposited a check n

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B2CFC6293CC8D4989908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

20.00

TOTAL This Period (last page this line number only)

20.00