FEC FORM 3X	A	ND DISBL	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING LA			, type			
ADDRESS (number and	street)	515 Georgia Avenu	e 					
Check if differ than previously reported. (ACC	ent L	Silver Spring					20910	- 3492
2. FEC IDENTIFICAT		₹ ₩	EC MAILING LABEL PE OR PRINT♥ Example: If typing, type over the lines 5 Georgia Avenue					
C00017525	• • • •							
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	Ports: Report(Q1) Report(Q2) 5 Report(Q3) 81 Report(YE) lid-Year on-election	(c) 12-Day PRE-Elect Report for (d) 30-Day Post -Elec	Mar 20 (M3) Apr 20 (M4) ion the:	Primary (12P Convention (*	Jun 20 (M6) Jul 20 (M7)) 12C)	General (20 (M9) 20 (M10) 20 (Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) of Special (30S)
 Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer 		rt and to the best of Mary Behrens	my knowledge a	Ū	true, correct a	and complete.	· · · · · · · · · · · · · · · · · · ·	2008
-	alse, erroneous	s, or incomplete info	rmation may sul	pject the perso			penalties of 2 U.	S.C 437g.
Office Use Only								

mage# 28932181897 FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name American Nurses Association PAC		
Report Covering the Period: From:	M M D D Y	To:
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Ž008 Y	Y	209224.16
(b) Cash on Hand at Begining of Reporting Period]
(c) Total Receipts (from Line 19)	44436.78	187599.16
 (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	206623.42	396823.32
7. Total Disbursements (from Line 31)	31048.82	221248.72
 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) 	175574.60	175574.60
 Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) 		

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) BY 0.00 0.00

X 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

FE6AN026

nage#	£ 28932181898	DETAILED SUMMARY PAGE OF RECEIPTS	
W	FEC Form 3X (Rev. 06/2004) rite or Type Committee Name American Nurses Association PAC		Page 3
Re	eport Covering the Period: From:	0 5 0 1 Y Y W Y 0 5 0 1 2 0 0 8 T	o:
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	7825.00	26625.00
	(ii) Unitemized	36568.67	160347.12
	(iii) TOTAL (add Lines 11(a)(i) and (ii) ₽	44393.67	186972.12
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44393.67	186972.12
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
-	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	43.11	627.04
	Transfers from Non-Federal and Levin Fund	ds	
	(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))	44436.78	187599.16
	Total Federal Receipts (subtract Line 18(c) from Line 19)	44436.78	187599.16

Image# 28932181899

DETAILED SUMMARY PAGE

FEC Form 3X	(Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSE	MENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditur (a) Shared Federal/	Non-Federal		
Activity (from So (i) Federal Sh	chedule H4) are	0.00	0.00
(ii) Non-Federa (b) Other Federal C	al Share	0.00	0.00
Expenditures		2922.29	13204.78
	(ii) and (b)) 🕨	2922.29	13204.78
 Transfers to Affiliated Committees Contributions to 	Vother Party	0.00	0.00
Federal Candidates/C and Other Political C	Committees	28000.00	194111.90
 Independent Expendi (use Schedule E) Coordinated Expendi 		126.53	13882.04
Committees (2 U.S.C		0.00	0.00
6. Loan Repayments Ma	ade	0.00	0.00
7. Loans Made		0.00	0.00
 Refunds of Contribut (a) Individuals/Pers Than Political C 		0.00	50.00
(b) Political Party C	ommittees	0.00	0.00
(c) Other Political C (such as PACs)	ommittees	0.00	0.00
(d) Total Contributio (add Lines 28(a)	on Refunds , (b), and (c)) >	0.00	50.00
9. Other Disbursements		0.00	0.00
). Federal Election Acti (a) Shared Federal I	Election Activity		
(from Schedule H (i) Federal Share	,	0.00	0.00
(ii) "Levin" Shar	e	0.00	0.00
(b) Federal Election With Federal Fu	Activity Paid Entirely	0.00	0.00
(c) Total Federal Ele Lines 30(a)(i), 3	ection Activity (add 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements 23, 24, 25, 26, 27, 2		31048.82	221248.72
2. Total Federal Disbu	rsements		
(subtract Line 21(a)(from Line 31)		31048.82	221248.72

FE6AN026

Image# 28932181900

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)		Page 4
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)	44393.67	186972.12
34.	Total Contribution Refunds (from Line 28(d))	0.00	50.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	44393.67	186922.12
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2922.29	13204.78
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2922.29	13204.78

FE6AN026

1	SUBTOTAL of Receipts This Page (optional)			▶ L						- 42	25.0	0	
Г	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00					-		-		-	
	Name of Employer NJ Nurses Assc	Occupation Director											
	FEC ID number of contributing federal political committee.	C					1			2	50.0	0	1
	Hightstown	NJ	08520-3809	Ar	nount	of E	ach	Rece	ipt th	nis P	eriod	_	_
	City	State	Zip Code	Transaction ID: AFF953E81E					E11	540	C4		
	Full Name (Last, First, Middle Initial) Ms. Andrea W. Aughenbaugh Mailing Address 3 Grape Run Rd			N	ate of		eipt D 0		Y		у 0 О		
	Other (specify)	0 0	275.00										
	Receipt For:	Nurse Aggregate	Year-to-Date 🔻										
	Name of Employer Lima Memorial Hospital	Occupation	1										
	FEC ID number of contributing federal political committee.	С									75.0	0	
	Lima	OH	45804	Ar	nount	of E	ach	Rece	ipt tł	nis P	eriod		
	City	Zip Code		Transaction ID: A591DBE2622C2456E									
	Mailing Address 849 Kingswood Dr		05 27 2008										
	Full Name (Last, First, Middle Initial) Ms. Jean A. Ansley			Da	ate of	Rece	eipt						
		0 0											
	Primary General Other (specify)		200.00	1									
	Receipt For:	Nurse Aggregate	Year-to-Date V	_									
	Name of Employer Lima Memorial Hospital	Occupation	1										
	FEC ID number of contributing federal political committee.	C								1	00.0	0	
	Lima	OH	45804	Ar	nount	of E	ach	Rece	ipt th	nis P	eriod	_	_
	City	State	Zip Code		ansac	tion	_		90F		_		2F
	Mailing Address 849 Kingswood Dr) 5	/	2		Y		у 0 0		
	Full Name (Last, First, Middle Initial) Ms. Jean A. Ansley			Da	ate of	Rece	eipt						
/	American Nurses Association PAC												
	NAME OF COMMITTEE (In Full)												
,	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	not be sold or used by any pers lress of any political committee to	on for the	e purp ontribi	ose (ution	of so Is fro	licitin m su	g co ch c	ntrib omm	ution: nittee.	s	
			Detailed Summary Page		11a 13	-	11b 14		11c 15		12 16	Г	٦
	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)									
•				FOR	FOR LINE NUMBER: PAGE 6/29								

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category Detailed Summar	x of the X 11a 11b 11c 12 y Page 13 14 15 16 17					
	Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American Nurses Association PAC							
A.	Full Name (Last, First, Middle Initial) Ms. Angela M. Becker		Date of Receipt					
	Mailing Address 9616 Brunswick Dr							
	City	State Zip Code	Transaction ID: A3E902BF474D04BD6BA					
	Brentwood FEC ID number of contributing federal political committee.	TN 37027-8467	Amount of Each Receipt this Period 100.00					
	Name of Employer Nashville General Hospital	Occupation Information Requested						
	Receipt For: Primary General Other (specify) v	Aggregate Year-to-Date V	200.00					
- В.	Full Name (Last, First, Middle Initial) Ms. Lovetta R. Blanke		Date of Receipt					
	Mailing Address 6512 Colony Cove C	05 / 12 / Y Y Y Y 08						
	City	State Zip Code	Transaction ID: AB18569DDBE62444289					
	Dayton FEC ID number of contributing federal political committee.	OH 45459	Amount of Each Receipt this Period					
	Name of Employer Retired	Occupation RN						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	200.00					
- c.	Full Name (Last, First, Middle Initial) Ms. HELEN BREMFORD		Date of Receipt					
	Mailing Address 721 Castro St		M M / D D / Y Y Y Y 05 / 05 / 2008					
	City <u>San Francisco</u>	State Zip Code CA 94114	Transaction ID: AA038A60B33514661A8E Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C						
	Name of Employer California Pacific Medical Center	Occupation Director Acute & Critical C	are Nsg Svs					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	200.00					
Γ			400.00					

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Nurses Association PAC	he name and ad	dress of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Carol J. Chasse Mailing Address 1613 E. Devoe Ln			Date of Receipt
	01	01-11-	7'- 0-1-	05 08 2008
	City Spokane	State WA	Zip Code 99217	Transaction ID: A7E44E1AEC9314B2DAD
	FEC ID number of contributing federal political committee.	C	39217	Amount of Each Receipt this Period
	Name of Employer Sacred Heart Medical Cent- er Receipt For:		on ion Requested ∋ Year-to-Date ▼	
	Primary General Other (specify) ▼		200.00]
- В.	Full Name (Last, First, Middle Initial) Ms. Stefanie R Coffey Mailing Address 717 Boyleston St			Date of Receipt
				05 22 2008
	City	State	Zip Code	Transaction ID: A8567CC22C32E4317B6E
	Leesburg FEC ID number of contributing federal political committee.	FL	34748	Amount of Each Receipt this Period
	Name of Employer Information Requested		ion Requested	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 200.00]
- C.	Full Name (Last, First, Middle Initial) Ms. Rosemary A. Corrigan Mailing Address 636 W. Briar Place	_		Date of Receipt
	City	State	Zip Code	Transaction ID: A9F133E689D2A4912822
	Chicago	IL	60657-4521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Retired	Occupatio RN		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 200.00]
ſ	SUBTOTAL of Receipts This Page (optional)			450.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (check only one) 11a X 11a 11b 11c 12 I3 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Nurses Association PAC								
A. Full Name (Last, First, Middle Initial) Ms. LINDA CROSS Mailing Address 1705 E. 21st St		Date of Receipt						
City	State Zip Code	Transaction ID: A42E277BD7037483DA59						
Clovis	NM 88101	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	200.00						
Name of Employer Womens Medical Center	Occupation Information Requested							
Receipt For:	Aggregate Year-to-Date 🔻							
Other (specify)	200.00]						
Full Name (Last, First, Middle Initial) Ms. Lori L. Cross		Date of Receipt						
Mailing Address 22014 94th Place W.		05 / 16 / Y Y Y Y 05 / 16						
City	State Zip Code	Transaction ID: A2513C072942E48D3A6A						
Edmonds	WA 98020	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer Information Requested	Occupation Information Requested							
Receipt For:	Aggregate Year-to-Date 🔻							
Primary General Other (specify) Image: Control of the second	200.00]						
Full Name (Last, First, Middle Initial)C.Ms. Barbara Thoman Curtis		Date of Receipt						
Mailing Address 1823 Ridgewood Apt 212		05 / D D / Y Y Y Y 08 / 2008						
City Deutene Beech	State Zip Code	Transaction ID: ACFAAB4B819324E44B83						
Daytona Beach	FL 32117-1781	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	750.00						
Name of Employer Retired	Occupation RN							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00]						
SUBTOTAL of Receipts This Page (optional).		1050.00						
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe	•							

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one) 11a X 11a 11b I3 14 15 16 17		
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Nurses Association PAC					
A .	Full Name (Last, First, Middle Initial) Ms. Emilie M. Deady Mailing Address 4812 44th St NW City	Date of Receipt 0 5 / 0 8 / 2 0 0 8 Transaction ID: A3BB6AB2BF62C41BC84B				
	Washington FEC ID number of contributing federal political committee.	DC	20016-4506	Amount of Each Receipt this Period		
	Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼		n ion Requested 9 Year-to-Date 200.00			
- В.	Full Name (Last, First, Middle Initial) Ms. Nancy E. Foster Mailing Address 16822 Nina Dr			Date of Receipt		
	City <u>Friendswood</u> FEC ID number of contributing federal political committee.	State TX C	Zip Code 77546-2319	Transaction ID: A92A0EC6C13E04434A95 Amount of Each Receipt this Period 200.00		
	Name of Employer Hermann Hospital Receipt For: Primary General Other (specify) ▼	1 1	n ion Requested > Year-to-Date 200.00]		
- C.	Full Name (Last, First, Middle Initial) Ms. Gloria M. Francis Mailing Address 2461 E. High St L3			Date of Receipt		
	City <u>Pottstown</u> FEC ID number of contributing federal political committee.	State PA	Zip Code 19464-7735	Transaction ID: A2F0BA1017E3E4EA4BD Amount of Each Receipt this Period 200.00		
	Name of Employer Retired Receipt For:		n r Emerita e Year-to-Date ▼			
г	Other (specify)	0 0	200.00			
	SUBTOTAL of Receipts This Page (optional)			500.00		
	TOTAL This Period (last page this line number	er only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any per he name and address of any political committee	FOR LINE NUMBER: PAGE 11 / 29 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. 10 10
	NAME OF COMMITTEE (In Full) American Nurses Association PAC		
Α.	Full Name (Last, First, Middle Initial) Julie C. Freeman Mailing Address 9240 Gainswood Dr		Date of Receipt
	City Montgomery FEC ID number of contributing	State Zip Code AL 36117	Transaction ID: AB741781208E74F2BB7B Amount of Each Receipt this Period 200.00
	federal political committee. Name of Employer Information Requested Receipt For: Primary General	C Occupation Information Requested Aggregate Year-to-Date ▼	
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Deborah A. Gelski Mailing Address 195 Monitor St	200.00	Date of Receipt
	City Brooklyn FEC ID number of contributing federal political committee.	State Zip Code NY 11222	0 5 2 3 2 0 0 8 Transaction ID: A9AB269584F4C467E8A7 Amount of Each Receipt this Period 200.00
	Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼	Occupation RN Aggregate Year-to-Date ▼ 200.00	
С.	Full Name (Last, First, Middle Initial) Ms. Mary Griffith Mailing Address 916 Carroll St Apt 3j		Date of Receipt
	City Brooklyn FEC ID number of contributing federal political committee.	State Zip Code NY 11225	Transaction ID: A30D6336C5AC9457DBC Amount of Each Receipt this Period 200.00
	Name of Employer Information Requested	Occupation Information Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 200.00	
		-	600.00

SCHEDULE A (FEC Form 3X)		Use separate schedule((c)	FOR LINE		R: PA	GE 12	2 / 29		
ITEMIZED RECEIPTS		for each category of the		(check only	v one)	_	_			
		Detailed Summary Page		X 11a	11b	11c		12	—	
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any dress of any political commi	y person ittee to so	for the purp olicit contrib	14 ose of so utions fro	liciting co m such c	ontribut	16 tions tee.	17	
		, , , , , , , , , , , , , , , , , , , ,								
American Nurses Association PAC										
Full Name (Last, First, Middle Initial) Ms. Rebecca Hilgen Bryan				Date of	Receipt					
Mailing Address 124 W. Summit Ave				0 5		D / Y 1	ү 2 () 0 8		
City	State	Zip Code		Transac	tion ID:	A041B6	64C3F	-3FD	407A	
Haddonfield	NJ	08033-3318		Amoun	of Each	Receipt t	his Pe	riod		
FEC ID number of contributing federal political committee.	C						7	5.00		
Name of Employer Wolfe-Simon Medical Assoc- iates, P.A.	Occupation RN	n								
Receipt For:	Aggregate	e Year-to-Date 🔻		1						
Primary General	33 3		0							
Other (specify)	0 0	450.0								
Full Name (Last, First, Middle Initial) Ms. Rebecca Hilgen Bryan				Date of	Receipt					
Mailing Address 124 W. Summit Ave						D / Y		Y 08		
City	State	Zip Code		Transaction ID: A31187A04FA3E44D98						
Haddonfield	NJ	08033-3318			of Each					
FEC ID number of contributing federal political committee.	C						7	5.00		
Name of Employer Wolfe-Simon Medical Assoc- iates, P.A.	Occupation RN	n								
Receipt For:	Aggregate	e Year-to-Date 🔻								
Primary General Other (specify)		525.0	00							
Full Name (Last, First, Middle Initial) Ms. Mary C. Hines				Date of	Receipt					
Mailing Address 1575 Unionport Rd #4a Address Unknown	a			м м 05	/ D	D / Y 5		0 8		
City	State	Zip Code		Transad	tion ID:	AF3218	301BC	27E	43FE	
Bronx	NY	10462		Amoun	of Each	Receipt t	his Pe	riod		
FEC ID number of contributing federal political committee.	C						10	0.00		
Name of Employer Information Requested	Occupation Informati	n on Requested		1						
Receipt For:	1 1	Year-to-Date 🔻		1						
Primary General Other (specify) ▼		200.0	00							
SUBTOTAL of Receipts This Page (optional)			•			• •	25	0.00		
									-	

ľ	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/29 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Nettie S. Hurst Mailing Address 114 Leduke St City Tiptonville FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code TN 38079-1125 C Occupation Occupation RN Aggregate Year-to-Date ▼ 200.00 200.00	Date of Receipt
_ B.	Full Name (Last, First, Middle Initial) Ms. Patricia lyer Mailing Address 80 Sanford Rd City Stockton FEC ID number of contributing federal political committee. Name of Employer Med League Support Servic-es Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 08559-1203 C Occupation Information Requested Aggregate Year-to-Date ▼ 200.00	Date of Receipt M M / D / Y Y Y Y M M / D 1 2 0 8 Transaction ID: A0FA338F278944E4C91 Amount of Each Receipt this Period 200.00
-	Full Name (Last, First, Middle Initial) Ann A. Johnson Mailing Address PO Box 257 City Comptche FEC ID number of contributing federal political committee. Name of Employer Wild Iris Medical Education On Receipt For: Primary General Other (specify)	State Zip Code C Occupation Information Requested Aggregate Year-to-Date Y 200.00	Date of Receipt 0 5 / 2 8 / 2 0 0 8 Transaction ID: A4C82093364674B7BA5 Amount of Each Receipt this Period 100.00
	SUBTOTAL of Receipts This Page (optional)	 	400.00

ľ	CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one)
	AME OF COMMITTEE (In Full) American Nurses Association PAC	the name and ad	dress of any political committee to	o solicit contributions from such committee.
4. Z	Full Name (Last, First, Middle Initial) Ms. Marilyn A. Jordan Mailing Address 72d W. 23rd St			Date of Receipt
	-		7. 0. /	05 05 2008
	City	State	Zip Code	Transaction ID: AB174051B59A44858913
	Bayonne FEC ID number of contributing federal political committee.	NJ	07002-2622	Amount of Each Receipt this Period
	Name of Employer Information Requested	Occupatio Informat	n on Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 200.00]
	Full Name (Last, First, Middle Initial) Ms. Ardelle A. Kleinsasser			Date of Receipt
	Mailing Address 1721 S. Menlo Ave			05 14 2008
	City	State	Zip Code	Transaction ID: A37260E9505FA4B1584/
	Sioux Falls	SD	57105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer va Hospital	Occupatio Informat	n on Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00]
-	Full Name (Last, First, Middle Initial) Waiyu F. Leung			Date of Receipt
	Mailing Address 2547 Ala Wai Blvd	#601		05 09 2008
	City Honolulu	State HI	Zip Code 96815	Transaction ID: AC3FC4A7BE8A94D8D8 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Information Requested	Occupatio Informat	n on Requested	
	Receipt For: Primary General Other (specify) ▼	· ·	e Year-to-Date ▼ 200.00]
	SUBTOTAL of Receipts This Page (optiona)		300.00

S	CHEDULE A (FEC Form 3X)			FOR LIN	E NUMB	ER	: P/	٩GE	15/2	9	
	· · · ·										
II	EMIZED RECEIPTS		Detailed Summary Page	X 11a	11	b [110	· [12		
				13	14	Ī	15		16] 1
A	ny information copied from such Reports and S	Statements ma	y not be sold or used by any per	son for the pu	rpose of	soli	citing c	ontrik	outions	S	
or	for commercial purposes, other than using the	e name and ad	dress of any political committee	to solicit contr	ibutions	ron	n such	comr	nittee.		
Ν	NAME OF COMMITTEE (In Full)										
$ \rangle$	American Nurses Association PAC										
	Full Name (Last, First, Middle Initial) Ms. Anne Lucero			Dete	of Receip	+					
	Mailing Address 406 Baltusrol Dr			M					Y		
	City	State	Zip Code	05	action II	00			200		`^6
	Aptos	CA	95003-5408		nt of Eac					540	
	FEC ID number of contributing						looolpt	-	1 1	-	
	federal political committee.	C						2	200.0	0	
	Name of Employer Cabrille College	Occupatio									
	Receipt For:	Professo	e Year-to-Date 🔻								
	Primary General	Ayyreyalt									
	Other (specify)	0 0	200.00								
	Full Name (Last, First, Middle Initial) Dr. Anne M. McNamara	1		Dete	of Dece	+					
	Mailing Address 6511 N. Maryland Cir				of Receip	α 		/ • v	Y	Y	
				0 5		0			200		
	City	State	Zip Code	Trans	action II): A	A38C3	7A2	83D8	D43	33
	Phoenix	AZ	85013	Amou	nt of Eac	h F	leceipt	this F	Period		
	FEC ID number of contributing federal political committee.	C						4	400.0	0	
	Name of Employer Arizona Hospital Associat-	Occupatio Project N									
	ion Receipt For:	1									
	Primary General	Aggregate	e Year-to-Date 🔻	_							
	Other (specify)		400.00								
	Full Name (Last, First, Middle Initial)			Dete							
	Ms. Patricia Messmer Mailing Address 4300 Jackson St				of Receip				Y	V	
	Hanny Address 4500 Jackson St			05		1			200		
	City	State	Zip Code	Trans	action II): A	363D	407	C8E6	949	96E
	Hollywood	FL	33021	Amou	nt of Ead	h F	leceipt	this F	Period		
	FEC ID number of contributing									^	
	federal political committee.	C					-		250.0	0	
	Name of Employer Miami Children's Hospital	Occupatio									
			of Nursing Research								
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Primary General		250.00								
	Other (specify)	0 0									
										_	_
						Ŭ			50.0	Λ	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			BECEIPTS for each category of the						
I		Detailed Summary Page	X 11a 13	11b	11c	$\left \right $	12 16	□17	
	Any information copied from such Reports ar r for commercial purposes, other than using	nd Statements may	y not be sold or used by any pers dress of any political committee to	on for the purp	ose of so	licitina co	ntribu omm	utions	
Ν	NAME OF COMMITTEE (In Full)								
	angle American Nurses Association PAC								
×.	Full Name (Last, First, Middle Initial) Ms. Ellen M. Meyer			Date of	Receipt				
	Mailing Address PO Box 112			^м б 5		6 / Y		0 [°] 08	
	City	State	Zip Code	Transac	tion ID:	A74836	405/	AB5F	40789
	Gabriels	NY	12939	Amount	of Each	Receipt t	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С					2	00.00	
	Name of Employer ADERNON MEDIC	Occupatio	n						
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼		200.00						
. –	Full Name (Last, First, Middle Initial) Pamela J. Montagna	I		Date of	Receipt				
	Mailing Address 1493 Harmony Dr			0 5		D / Y 5		0 [°] 08	
	City	State	Zip Code	Transac	tion ID:	ABF13A	1739	C75A	416E
	Port Charlotte	FL	33952	Amount	of Each	Receipt tl	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C					1(00.00	
	Name of Employer Information Requested	Occupatio Informat	ⁿ ion Requested						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 200.00						
	Full Name (Last, First, Middle Initial) Ms. Doretha S. Moore			Date of	Receipt				
	Mailing Address 2405 Holt St			0 5	/ D	D / Y 2		0 [°] 08	
	City	State	Zip Code	Transac	tion ID:	A73D2E	EF1E	8497 <i>F</i>	45FC
	Ashland	KY	41101	Amount	of Each	Receipt tl	nis Pe	eriod	
	FEC ID number of contributing federal political committee.	C					2	00.00	
	Name of Employer Ashland Community College	Occupatio Informat	n ion Requested						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 200.00						
Γ	SUBTOTAL of Receipts This Page (optiona	si)					50	00.00	

	ILE A (FEC Form 3X D RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NU (check only or X 11a 13	ne) 11b	PAGE	17 / 29] 12] 16	17
or for commer NAME OF	on copied from such Reports and rcial purposes, other than using COMMITTEE (In Full) n Nurses Association PAC	d Statements ma the name and ad	y not be sold or used by any pers dress of any political committee t	son for the purpose	e of solicitin	g contril	outions	
A. Barbara O'd Mailing Ad City Santa Yr FEC ID nu federal pol Name of E Information Receipt Fo Othe B. Full Name Ms. Janie E Mailing Ad City Nashville FEC ID nu federal pol	Idress PO Box 624 nez umber of contributing itical committee. imployer n Requested or: hary General er (specify) ▼ (Last, First, Middle Initial) E. Parmley Idress 100 Amherst Way	State CA C Occupatio Retired Aggregate State TN C	e Year-to-Date ▼ 400.00 Zip Code 37221	Date of Re	eceipt	EA374 ipt this I BC68E ipt this I	Period 400.00 2008 BB26E	417FAB
Receipt Fo	or: hary General er (specify) ▼ (Last, First, Middle Initial)		ion Requested e Year-to-Date 200.00	Date of Re	eceipt			
Mailing Ad City Brooklyn FEC ID nu federal pol Name of E Information Receipt Fc	Idress 1306 Loring Ave Ap Imber of contributing Itical committee.	State NY C Occupatio Informat	Zip Code 11208 on ion Requested e Year-to-Date ▼ 200.00	05 Transactio	^D ^D [/] 27	2 768D4 ipt this I		45D2AC
SUBTOTAL	of Receipts This Page (optional)				7	00.00	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/29 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may he name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
4.	Full Name (Last, First, Middle Initial) Dr. Shannon E. Perry Mailing Address 13232 N. 3rd Place			Date of Receipt
	City	State	Zip Code	Transaction ID: AC685DB84E0754F5BA2
	Phoenix	AZ	85022-5246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer San Francisco State Unive- rsity	Occupation Professo		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 200.00]
	Full Name (Last, First, Middle Initial) Dr. Mary Anne Schultz Mailing Address 444 Browning St			Date of Receipt
	Maning Address 444 Browning St			05 28 2008
	City	State	Zip Code	Transaction ID: A5392248E139C49B6887
	<u>Upland</u>	CA	91784-1321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer University of California Los Angeles	Occupation Project N	lanager	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 200.00]
-	Full Name (Last, First, Middle Initial) Ms. Joanne L. Thanavaro			Date of Receipt
	Mailing Address 973 Delvin Dr			M M / D D / Y Y Y Y 05 / 28 / 2008
	City	State	Zip Code	Transaction ID: ABC7C29DA1CF641E69
	Saint Louis	MO	63141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		175.00
	Name of Employer St Louis Community College College		on Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 200.00	
Γ	SUBTOTAL of Receipts This Page (optional)			475.00

l	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 29 (check only one) 11c X 11a 11b 13 14 15 16 17 16 17
	Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Nurses Association PAC	the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۷ A.	Full Name (Last, First, Middle Initial) Ms. Linda L. Townsend Mailing Address 3276 Arista Rueda			Date of Receipt
	City	State	Zip Code	Transaction ID: ACDA6417B88E845DE993
	Kempner	ТХ	76539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Professional Counseling	Occupatio Informat	ⁿ ion Requested	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	200.00]
- В.	Full Name (Last, First, Middle Initial) Ms. Minta S Uzodinma			Date of Receipt
	Mailing Address 2832 Gretna Green	l		05 13 2008
	City	State	Zip Code	Transaction ID: A52B2CCD724CA4D61B69
	Jackson	MS	39209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Miss State Dept Of Health	·	ion Requested	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 200.00]
– C.	Full Name (Last, First, Middle Initial) Ms. Bonnie Wakefield			Date of Receipt
	Mailing Address 106 Foxwood Ct			M M / D D / Y
	City	State	Zip Code	Transaction ID: AB6F5CB5649DA4CFD9C
	Columbia	MO	65203-0294	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Va Medical Center		ion Requested	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 200.00	
ſ	SUBTOTAL of Receipts This Page (optiona	l)		325.00

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	CHEDULE A (FEC Form 3X	3		FOR LINE NUMBER: PAGE 20 / 29
	•	·)	Use separate schedule(s) for each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
A	ny information copied from such Reports an	d Statements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions
0	for commercial purposes, other than using	the name and add	Iress of any political committee to	solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			
	American Nurses Association PAC			
<u> </u>	Full Name (Last, First, Middle Initial) Sally M. Watkins			Date of Receipt
	Mailing Address 6916 Ray Nash Dr I	W		05 15 2008
	City	State	Zip Code	Transaction ID: AB59CED9187DA4B368
	Gig Harbor	WA	98335	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Information Requested	Occupatio		-
			on Requested	_
	Receipt For: Primary General	Aggregate	e Year-to-Date	-
	Other (specify)	0 0	200.00	
	Full Name (Last, First, Middle Initial) Ms. Claudia M. West			Date of Receipt
	Mailing Address 1068 Minerva St			M M / D D / Y Y Y Y 05 19 2008
	City	State	Zip Code	Transaction ID: A0200B54454424C5C9
	San Leandro	CA	94577-1435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Univ of CA, San Francisco	Occupatio RN	<u>ו</u>	
	Receipt For:	Aggregate	Year-to-Date 🔻	-
	Primary General Other (specify) ▼		200.00]
	Full Name (Last, First, Middle Initial) Ms. Sherry M. Wilson			Date of Receipt
	Mailing Address 17643 County Rt 15	6		05 08 2008
				Transaction ID: AAA1AAD1ACD7640DI
		State	Zip Code	I Iransaction ID: AAA (AAI) (AU) (0400)
	City Watertown	State NY	Zip Code 13601	Amount of Each Receipt this Period
	City Watertown	NY		Amount of Each Receipt this Period
	City			
	City Watertown FEC ID number of contributing	NY C Occupatio	13601	Amount of Each Receipt this Period
	City Watertown FEC ID number of contributing federal political committee. Name of Employer W	NY C Occupatio Informati	13601 n on Requested	Amount of Each Receipt this Period
	City Watertown FEC ID number of contributing federal political committee.	NY C Occupatio Informati	13601 n on Requested e Year-to-Date ▼	Amount of Each Receipt this Period
	City <u>Watertown</u> FEC ID number of contributing federal political committee. Name of Employer W Receipt For:	NY C Occupatio Informati	13601 n on Requested	Amount of Each Receipt this Period
	City Watertown FEC ID number of contributing federal political committee. Name of Employer W Receipt For: Primary General	NY C Occupatio Informati	13601 n on Requested e Year-to-Date ▼	Amount of Each Receipt this Period

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 29 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	American Nurses Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Janette M. Woods			Date of Receipt
	Mailing Address PO Box 306777			M M / D D / Y
	City	State	Zip Code	Transaction ID: A8E391D46312046D391A
	St Thomas	VI	00803-6777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Department of Education	Occupation School N		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 200.00	

SUBTOTAL of Receipts This Page (optional)	►	100.00
TOTAL This Period (last page this line number only)	►	7825.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 29 (check only one) 11a 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Nurses Association PAC			
Α.	Full Name (Last, First, Middle Initial) Bank of America			Date of Receipt
	Mailing Address PO Box 27025			05 / ^D ^D ^D ^D ^Y
	City	State	Zip Code	Transaction ID: A5711470CDA3E45089DB
	Richmond	VA	23261	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.10
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 614.70]

SUBTOTAL of Receipts This Page (optional)	►				42.10	
TOTAL This Period (last page this line number only)	▶				42.10	

CHEDULE B (FEC Form 3X)	Use separate schedule(s)	-			BER:			PA	AGE	23 /	29	
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	21b 27	1y one) 22 28		23 28b	F	24 28c		25 29		26 30
y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)			persor	for the	purp	ose of s		iting c	ontri	ibution		
American Nurses Association PAC												
Full Name (Last, First, Middle Initial) Bank of America						tion ID Disburs			916	C66F	2843	D
Mailing Address PO Box 27025				0 [×]	5	/ D	3 <mark>0</mark>	/ `	Y 2	źoó	8 ^Y	
City Richmond	StateZip CodeVA23261			Am	nount	of Eacl	n Dis	sburse				1
Purpose of Disbursement bank fees						<u> </u>			2	687.9	1	_
Candidate Name		Catego Type	•									
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼			_								
Full Name (Last, First, Middle Initial)				Tra	near	tion ID		2400	חסי	1001		10
Bank of America Merchant Services						Disburs			,0D,	40242	2004	40
Mailing Address PO Box 2485				0 [™]	5	/ D	3 <mark>0</mark>		Y 2	žoòa	8 ^Y	
City Spokane	State Zip Code WA 99210-2485			Am	nount	of Eacl	n Dis	sburse	emer	nt this	Perioc	1
Purpose of Disbursement credit card and online lockbox fees										226.3	8	
Candidate Name		Catego Type										
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼											
Full Name (Last, First, Middle Initial) Sun Trust Bank						tion ID Disburs			'C1[DF8D	2D44	2[
Mailing Address PO Box 622227				N	5	/ D	3 <mark>0</mark>		ŶŹ	źoóa	8 ^Y	
City Orlando	State Zip Code FL 32862-2227			Am	nount	of Eacl	ו Dis	sburse	emer	nt this	Perioc	ł
Purpose of Disbursement bank fees				1 L		<u> </u>				3.0	0	
Candidate Name		Catego Type										
Senate President	sement For: Primary General Other (specify) ▼	1 906	,	-								
State: District:						v v			20	917.2	٩	_
UBTOTAL of Disbursements This Page (optional)		•		-				28		3	4
OTAL This Period (last page this line number onl	у)		►						29	917.2	9	

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CHEDULE B (FEC Form 3X)	Use separate schedule(s)		OR LINE NUMBER: PAGE		24 /	24 / 29							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check of 21b				only one)			24		25		26
	Detailed Summary Page		27	\vdash	28a	Ê	28b		28c		29		30
ny Information copied from such Reports and State r for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)												S	
American Nurses Association PAC													
Full Name (Last, First, Middle Initial) Adler for Congress							i on ID: Disburse			E35	444D	8A4	2A
Mailing Address 499 S Capitol St SW St	o /12			_		M		2 2	/ Y		źoóa	8 ^Y	
					A							Devie	
City Washington	State Zip Code DC 20003				Amou		of Each	Dis	burse	-	-		a
Purpose of Disbursement	[L.					5	000.0	0	
Candidate Name Adler for Congress		Categ Typ											
	ement For: 2008 ⟨ Primary General Other (specify) ▼												
Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS COMMITTI	Ē				Date	of D	ion ID: Disburse	eme		-	-		34(
Mailing Address PO Box 6220							З́						
City Des Moines	State Zip Code IA 50309			Amount of Each Disbursement th		nt this	Peric	d					
Purpose of Disbursement	[-			000.0	0						
Candidate Name Rep. Leonard L. Boswell	L	Categ Typ	•										
5 X	ement For: 2008 ⟨ Primary General Other (specify) ▼												
Full Name (Last, First, Middle Initial) Cazayoux for Congress							i on ID: Disburse			AE1	8C98	3034	20
Mailing Address 499 S Capitol St SW St	e 404			_	0 ^M 5	М	′ ^D 2	2 ^D	/ Y		źoóa	8 ^Y	
City Washington	State Zip Code DC 20003				Amou	unt c	of Each	Dis	burse	emer	nt this	Peric	d
Purpose of Disbursement	Γ	v			L.					1	000.0	0	
Candidate Name Cazayoux for Congress		Categ Typ											
	ement For: 2008 Primary General Other (specify) V												
UBTOTAL of Disbursements This Page (optional)			•	_						80	0.00	0	
TOTAL This Period (last page this line number only	()		►		<u> </u>								
6AN026				_	FE	C S	Schedu	le B	(For	m 3	X) (Re	vise	d 0

CHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: FOR LINE NUMBER: F		PAGE		25 / 29						
EMIZED DISBURSEMENTS	ED DISBURSEMENTS for each category of the Detailed Summary Page		21b		22 X 23				24			25	
y Information copied from such Reports and Stat	ements may not be cold or yeard b		27		28a		28b		28c		29		30
for commercial purposes, other than using the na													
NAME OF COMMITTEE (In Full)				-									
American Nurses Association PAC													
Full Name (Last, First, Middle Initial) Citizens for Harkin					Trans Date of					E01	531	AB9	4475
Mailing Address PO Box 811				_	0 ^M 5	M /	D (0 [⊅]	/ Y	Ý	ž o č	8 ^Y	
City Des Moines	State Zip Code IA 50304			-	Amou	nt of I	Each	ı Dis	burse	eme	nt this	s Peri	iod
Purpose of Disbursement	[L.					1	000.	00	
Candidate Name Sen. Tom Harkin		Categ Typ											
Office Sought: House Disbu X Senate President	rsement For: 2008 X Primary General Other (specify) ▼												
State: IA District:													
Full Name (Last, First, Middle Initial) Jackie Speier for Congress					Trans Date o	of Disl	burs	eme					4E0
Mailing Address PO Box 112					[™] 5	M /	D 2	2 2	/ Y	Y 2	ž o č	8 ^Y	
City Burlingame	State Zip Code CA 94011				Amou	nt of I	Each	ı Dis	burse	-		-	iod
Purpose of Disbursement	Γ				L.					2	000.	00	
Candidate Name Jackie Speier for Congress		Categ Typ											
Senate President	rsement For: 2008 X Primary General Other (specify) ▼												
State: District: Full Name (Last, First, Middle Initial)				+	-				00	<u> </u>	40.5	A = -	45
Joan Fitz-Gerald for Congress					Trans Date of		burs	eme					454E
Mailing Address PO Box 659					[™] 5		(5 5		2	20Č	8	
City Westminster	StateZip CodeCO80036-0659				Amou	nt of I	Each	ı Dis	burse	eme	nt this	s Peri	iod
Purpose of Disbursement					L.					2	000.	00	
Candidate Name Joan Fitz-Gerald for Congress		Categ Typ											
Senate President	rsement For: 2008 X Primary General Other (specify) ▼												
State: District:								-			-		
UBTOTAL of Disbursements This Page (optiona	D		►		I					50	000.	00	.

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CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LIN (check or 21b 27		AGE 26 / 29
y Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)		y any persor	for the purpose of soliciting of	contributions
American Nurses Association PAC				
Full Name (Last, First, Middle Initial) Kurt Schrader for Congress			Transaction ID: B696 Date of Disbursement	6FC7A04D64FEA
Mailing Address 307 N Main St Ste 240				ŶŽŨŎ8Ÿ
City Oregon City	State Zip Code OR 97045		Amount of Each Disburs	
Purpose of Disbursement		U U		5000.00
Candidate Name Kurt Schrader for Congress	1	Category/ Type		
Senate President	sement For: 2008 X Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial)				
Latham for Congress			Transaction ID: B52E	
Mailing Address 217 3rd St SE				Ý ŽOŎ8Ÿ
City Washington	StateZip CodeDC2003		Amount of Each Disburs	
Purpose of Disbursement		v v		1000.00
Candidate Name Latham for Congress		Category/ Type		
	sement For: 2008 X Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS			Transaction ID: B4CA Date of Disbursement	A02D31DABB49E
Mailing Address 320 Kenarden Dr				Ý ŽOŎ8Ÿ
City Highland Heights	StateZip CodeOH44143		Amount of Each Disburs	
Purpose of Disbursement	[0 U] [1000.00
Candidate Name Rep. Steven C. LaTourette		Category/ Type		
Office Sought: X House Disbur Senate President State: OH District: 14	sement For: 2008 Primary X General Other (specify) ▼			
UBTOTAL of Disbursements This Page (optiona	\ \	····· ►		7000.00

	(FEC Form 3X)	Use separate schedule(s) FOR LINE NUMBER: (check only one)				PAGE 27 / 29
EMIZED DIS	BURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 23 28a 28b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
		atements may not be sold or used name and address of any political				
NAME OF COMM American Nurse	IITTEE (In Full) es Association PAC					
Full Name (Last, F	First, Middle Initial)				Transaction	D: B7DFEF706FCBD4EC
LOBIONDO FC					Date of Disbur	rsement
Mailing Address	1707 Prince St #5				05	0 5 7 2 0 0 8 1
City Alexandria		State Zip Code VA 22314			Amount of Ead	ch Disbursement this Period
Purpose of Disbur	sement					3000.00
Candidate Name Rep. Frank A. L	oBiondo		Cate Ty			
Office Sought:	Senate President	ursement For: 2008 X Primary General Other (specify) ▼			_	
State: NJ Full Name (Last, F	District: 02					
McNerney for C					Date of Disbu	
Mailing Address	5429 Madison Ave				05	
City Sacramento		State Zip Code CA 95840			Amount of Ead	ch Disbursement this Period
Purpose of Disbur	sement					1000.00
Candidate Name Rep. Jerry McN	erney		Cate Ty			
Office Sought: State: CA	X House Disb Senate President District: 11	ursement For: 2008 X Primary General Other (specify) ▼			_	
Full Name (Last, F PAC to the Fut	, ,				Transaction I Date of Disbu	D: BBD503EAD5AB4487
Mailing Address	undefined				0 ⁵ / ¹	2 2 2 7 2 0 0 8 1
City undefined		State Zip Code un undef-unde			Amount of Ead	ch Disbursement this Period
Purpose of Disbur	sement			-		1000.00
Candidate Name PAC to the Futi	ıre		Cate			
Office Sought:	House Disb Senate President District:	ursement For: 2008 X Primary General Other (specify) ▼				
		nal)		►		5000.00

	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	NUMBER: PAGE 28 / 29 22 X 23 24 25 26 28a 28b 28c 29 30b
	ny Information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Nurses Association PAC			
ير A.	Full Name (Last, First, Middle Initial) Schauer for Congress Mailing Address PO Box 100			Transaction ID: B3EBDAC298D6D453E9B Date of Disbursement
	City Battle Creek Purpose of Disbursement Candidate Name Schauer for Congress Office Sought: House Disbu Senate President State: District:	State MI Zip Code 49016-unde rsement For: 2008 Primary X General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period 2000.00
В.	Full Name (Last, First, Middle Initial)Whitfield For Congress CommitteeMailing Address217 3rd St SE			Transaction ID: BFDA0EEB6225347E9880 Date of Disbursement 0 5 ^M / ^D 2 2 / ^Y 2 0 0 8
	City WAshington Purpose of Disbursement Candidate Name Whitfield For Congress Committee Office Sought: X House Disbu	State Zip Code DC 20003-unde	Category/ Type	Amount of Each Disbursement this Period
	Senate President State: District:	Primary X General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	►	3000.00
TOTAL This Period (last page this line number only)	►	28000.00

FE6AN026

Image# 28932181924 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	EXPENDITURES		PAGE 29 / 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER
American Nurses Association PAC		[C C00017525
Check if 24-hour notice	48-hour notice		
Full Name (Last, First, Middle, Initial) of	Payee	Date	
Logomotion		м м / 0,5	^D 2 ^B / ^Y 2 0 0 8
Mailing Address		Amount	
7300 Pearl St Ste 200			126.53
City	State Zip Code	Transaction	ID: E288DCADE861B42A595A
Bethesda	MD 20814-3357	Office Sought:	
Purpose of Expenditure shipping for yardsig- ns for Clinton	Category/ Type		X Presidential
Name of Federal Candidate supported	or Opposed by expenditure:	Check One:	Support Oppose
Hillary Rodham Clinton		Disbursement I	For: X Primary General
Calendar Year-To-Date Per Election for Office Sought	12243.48	Other 2008	(specify) :

(a) SUBTOTAL of Itemized Independent Expenditures		126.53
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		126.53
Under penalty of perjury I certify that the independent expenditures reported here or at the request or suggestion of, any candidate or authorized committee or agen committee) any political party committee or its agent.		
Mary Behrens Signature	Date 07 15	^Y Y Y Y 2008