

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 8515 Georgia Avenue
Suite 400
 Check if different than previously reported. (ACC)
Silver Spring MD 20910-3492

2. **FEC IDENTIFICATION NUMBER** C00017525
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) 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 02 01 2007 through 02 28 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 05 09 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									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		81815.99
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	18004.57									
(c) Total Receipts (from Line 19)	45117.68	58082.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	63122.25	139898.90								
7. Total Disbursements (from Line 31)	11138.19	87914.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51984.06	51984.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4560.00	5510.00
(i) Itemized (use Schedule A)	40497.13	52380.87
(ii) Unitemized	45057.13	57890.87
(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)	45057.13	57890.87
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	60.55	192.04
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))	45117.68	58082.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	45117.68	58082.91

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1638.19	2414.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1638.19	2414.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	85500.00
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	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 Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
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))..	11138.19	87914.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11138.19	87914.84

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	45057.13	57890.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45057.13	57890.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1638.19	2414.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1638.19	2414.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Frances M. Edwards

Mailing Address 50 Concord Park E.

City Nashville State TN Zip Code 37205-4705

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

Name of Employer self Occupation Clinical Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 02 / 2007

Transaction ID: AA79698F709734273B2F

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary L. Murphy

Mailing Address 26 Jill Ave

City Marmora State NJ Zip Code 08223-1152

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

Name of Employer Atlantic Care Regional Medical Center Occupation Registered Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 02 / 13 / 2007

Transaction ID: A416BD9E4702B43F6BCB

Amount of Each Receipt this Period 290.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary L. Behrens

Mailing Address 5504 E. 22nd St

City Casper State WY Zip Code 82609

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

Name of Employer Dr Hugh Depodo, MD Occupation Family Nurse Practitioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 14 / 2007

Transaction ID: A5E81F14FB088447A9B2

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 3290.00

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 / 13

(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. Rebecca M. Patton

Mailing Address 2027 Lincoln Ave

City State Zip Code
Lakewood OH 44107

FEC ID number of contributing federal political committee. C

Name of Employer American Nurses Association
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
02 / 15 / 2007

Transaction ID: A0F018290A91D4D69AF7

Amount of Each Receipt this Period
320.00

B.

Full Name (Last, First, Middle Initial)
Ms. Brenda M. Roberts

Mailing Address 10 Eucalyptus Rd

City State Zip Code
Belvedere CA 94920-2436

FEC ID number of contributing federal political committee. C

Name of Employer University of California
Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
02 / 17 / 2007

Transaction ID: ADDBB4DF2135C4610B5C

Amount of Each Receipt this Period
-100.00

stopped payment on her donatio

C.

Full Name (Last, First, Middle Initial)
Ms. Jean A. Ansley

Mailing Address 849 Kingswood Dr

City State Zip Code
Lima OH 45804

FEC ID number of contributing federal political committee. C

Name of Employer Lima Memorial Hospital
Occupation Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 20 / 2007

Transaction ID: AF10FDF7657114B53901

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 470.00

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 / 13
(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. Bonnie Ann Mitchell Kautz

Mailing Address 309 S. 3rd St

City Apollo State PA Zip Code 15613-1131

FEC ID number of contributing federal political committee. C

Name of Employer Kiski Area School District Occupation Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 22 / 2007

Transaction ID: A75B68F49B5D642A9A79

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Kathleen A Ennen

Mailing Address 6169 River Sound Circle

City Southport State NC Zip Code 28461

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 ▼ 500.00

Date of Receipt 02 / 26 / 2007

Transaction ID: A6BDD3C5A93404D5298A

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Ms. Cynthia A. Braseth

Mailing Address 106 Reeves Ct

City Grand Forks State ND Zip Code 58201-912

FEC ID number of contributing federal political committee. C

Name of Employer United Hosptl Occupation Executive Leader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2007

Transaction ID: AED1AC377600D4486A43

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) 550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 13	
	(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"/> 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. Sara McCumber		Date of Receipt	
	Mailing Address 2004 Lackawanna Ave		M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: A795F01A60AEC4601B10
	Superior	WI	54880	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
Name of Employer Duluth Clinic		Occupation Nurse Practitioner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	4560.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 13

<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 <hr/> Mailing Address PO Box 27025 <hr/> City Richmond State VA Zip Code 23261 <hr/> Purpose of Disbursement bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE8A3EEB5442F43C786D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
	Amount of Each Disbursement this Period 426.11
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address PO Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2A56C649D58F4D4FB25 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
	Amount of Each Disbursement this Period 1092.46
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1518.57

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

1518.57

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

<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) LATOURETTE FOR CONGRESS <hr/> Mailing Address 320 Kenarden Dr <hr/> City Highland Heights State OH Zip Code 44143 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Steven C. LaTourette Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 14	Transaction ID: B7A0280D8F8FB4C2BA50 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
B.	Full Name (Last, First, Middle Initial) John Spratt for Congress <hr/> Mailing Address PO Box 830 <hr/> City York State SC Zip Code 29745 <hr/> Purpose of Disbursement Contribution <input type="text"/> <hr/> Candidate Name Rep. John M. Spratt, Jr. Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 05	Transaction ID: BA89302041AF74CD080C Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <input type="text" value="1500.00"/>
C.	Full Name (Last, First, Middle Initial) Collins for Senator <hr/> Mailing Address PO Box 1096 <hr/> City Bangor State ME Zip Code 04402 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Susan M. Collins Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: B9A8910AEB5054551BC9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<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) Lucille Roybal-Allard for Congress <hr/> Mailing Address PO Box 582 <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Lucille Roybal-Allard <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC815B435CE33485383F Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn <hr/> Mailing Address PO Box <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. James E. Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Category/ Type <input type="text"/>	
Full Name (Last, First, Middle Initial) Hooisers for Hill <hr/> Mailing Address PO Box 1071 <hr/> City Seymour State IN Zip Code 47274-1071 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Baron Hill <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7C7157AF3BE448E88D0 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Category/ Type <input type="text"/>	

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A. Full Name (Last, First, Middle Initial) Peter Stark Re-Election Committee</p> <p>Mailing Address PO Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Pete Stark Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13</p>	<p>Transaction ID: B8F5FF9C6EAF246D5BFC</p> <p>Date of Disbursement MM / DD / YYYY 02 / 16 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Schakowsky for Congress</p> <p>Mailing Address PO Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Jan D. Schakowsky Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 09</p>	<p>Transaction ID: B7A6ED7423B6C4BC3BFB</p> <p>Date of Disbursement MM / DD / YYYY 02 / 23 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89123</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Harry M. Reid Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:</p>	<p>Transaction ID: BDE34CC2744BE4A2499B</p> <p>Date of Disbursement MM / DD / YYYY 02 / 05 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9500.00"/>