



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

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 .....	51984.06									
(c) Total Receipts (from Line 19) .....	98649.92	156732.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	150633.98	238548.82								
7. Total Disbursements (from Line 31) .....	36535.46	124450.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	114098.52	114098.52								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

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	3690.00	9200.00
(i) Itemized (use Schedule A) .....	94818.82	147199.69
(ii) Unitemized .....	98508.82	156399.69
(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) .....	98508.82	156399.69
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.) .....	141.10	333.14
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)) .....	98649.92	156732.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	98649.92	156732.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	3285.46	5700.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3285.46	5700.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	118500.00
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 .....	250.00	250.00
(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)) .....	250.00	250.00
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))..	36535.46	124450.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36535.46	124450.30

**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) .....	98508.82	156399.69
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	98258.82	156149.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3285.46	5700.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3285.46	5700.30

**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 / 21
	<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. Patricia Deshazer

Mailing Address 1840 Missouri Ave , #6

City Lakeview State OR Zip Code 97630-1052

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

Name of Employer Lake District Hospital Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2007

**Transaction ID:** ACE644809D206467DA7F

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Janet Y Harris

Mailing Address 103 Hickory Cove

City Brandon State MS Zip Code 39047

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

Name of Employer Pyxis Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2007

**Transaction ID:** AA8CA48F489AC4312A23

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janice M Viola

Mailing Address 19 Monell Ave

City Poughkeepsie State NY Zip Code 12603

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

Name of Employer Retired Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2007

**Transaction ID:** AA16766D394B141899BE

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mary Ford

Mailing Address 1806 Witterville Dr

City Poteau State OK Zip Code 74953

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

Name of Employer Poteau Public Schools Occupation Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2007

**Transaction ID:** A176D74575CC44EB4956

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Melissa G. Justice

Mailing Address 1506 Sharps Ridge Ln

City Lafollette State TN Zip Code 37766

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

Name of Employer Premier Weight Management Occupation Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2007

**Transaction ID:** A0CD5D93B12194449AE

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Terry L. Smith-Seaver

Mailing Address 2038 Meadow Ridge Dr

City Walled Lake State MI Zip Code 48390

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

Name of Employer St John Home Health Occupation Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2007

**Transaction ID:** A29985F955545467B96F

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Judith A. Collins

Mailing Address 2814 Tremont Ave

City Davenport State IA Zip Code 52803-1755

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

Name of Employer Psychology Assoc Occupation Clinical Nurse Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 13 / 2007

**Transaction ID:** A62B148B5768E472A8EF

Amount of Each Receipt this Period 240.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Maureen S. Abaray

Mailing Address 2135 Sunwest Dr

City Lodi State CA Zip Code 95242-3712

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

Name of Employer Sr. Joseph's Care Van Occupation Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2007

**Transaction ID:** A2015A6EA3F874D149DA

Amount of Each Receipt this Period 150.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Colleen J. Speidell

Mailing Address 8711 S. 48th Ave

City Yuma State AZ Zip Code 85364-9603

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 ▼ 225.00

Date of Receipt 03 / 16 / 2007

**Transaction ID:** A8E0087739B3D4B86B0D

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 490.00

**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 / 21  
(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. Melissa G. Justice

Mailing Address 1506 Sharps Ridge Ln

City State Zip Code  
Lafollette TN 37766

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Premier Weight Management Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 20 / 2007

**Transaction ID:** ACDB63C1CDA0E45689AE

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Anne M. McNamara

Mailing Address 6511 N. Maryland Cir

City State Zip Code  
Phoenix AZ 85013

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Arizona Hospital Association Project Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
03 / 21 / 2007

**Transaction ID:** A68ED60C71DC24715836

Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda C. DeVries

Mailing Address 7 Snowmound Ct

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
DeVries & Associates, PSC RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 21 / 2007

**Transaction ID:** A7B8E482491784665AA6

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 900.00

**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 10 / 21
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Josephine D. Ortiz	Date of Receipt MM / DD / YYYY 03 / 23 / 2007
	Mailing Address 649 East 221st St	<b>Transaction ID:</b> A183F7F50B4FD45EBBA2
	City State Zip Code Carson CA 90745-3210	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kaiser Permanente RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Beth Ennis	Date of Receipt MM / DD / YYYY 03 / 27 / 2007
	Mailing Address PO Box 1048	<b>Transaction ID:</b> ABD2DDBBA32FC4EB0B7B
	City State Zip Code Tonopah NV 89049	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NV State Health Division RN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Julie A Johnson	Date of Receipt MM / DD / YYYY 03 / 29 / 2007
	Mailing Address W7753 Coyne Rd	<b>Transaction ID:</b> A3B359BA64D2C4918917
	City State Zip Code Fond Du Lac WI 54937	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fond Du Lac Regional Clinic Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> 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 / 21
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Roberta A. Capewell		Date of Receipt
	Mailing Address 108 S. Baton Rouge		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Ventnor	NJ	08406
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Personal Touch Inc		Occupation Nurse	<b>Transaction ID:</b> AD7431FF2671A4C9B99C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens		Date of Receipt
	Mailing Address Hc 73 Box 70		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Marietta	OK	73448-9520
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Mercy Love Co. Rural Health Clinic		Occupation Nurse	<b>Transaction ID:</b> A250E27122A304ADD85F
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="200.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3690.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 21  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

A.

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

Mailing Address PO Box 622227

City	State	Zip Code
Orlando	FL	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 ▼  
333.14

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	7

Transaction ID: A133E57ADAE294E7CAB9

Amount of Each Receipt this Period  
141.10

interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	141.10
<b>TOTAL</b> This Period (last page this line number only) .....	▶	141.10

**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 / 21

<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

<b>A.</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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B78E7F55DC0004C58853 Date of Disbursement 03 / 31 / 2007
	Amount of Each Disbursement this Period 2088.98
	Category/ Type
	Disbursement For:
<b>B.</b> 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF71591732A1344A5AAC Date of Disbursement 03 / 31 / 2007
	Amount of Each Disbursement this Period 485.84
	Category/ Type
	Disbursement For:
<b>C.</b> Full Name (Last, First, Middle Initial) Sun Trust Bank c/oNOVA Regions Bank Montgomery <hr/> Mailing Address 7300 Chapmans Hwy <hr/> City KNoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement credit card fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6A63F43D3E464D159A0 Date of Disbursement 03 / 31 / 2007
	Amount of Each Disbursement this Period 700.69
	Category/ Type
	Disbursement For:

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3275.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3275.51</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>NATIONAL REPUBLICAN CONGRESSIONAL COMmittee</b></p> <p>Mailing Address 320 1st St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input 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: District:</p>	<p><b>Transaction ID:</b> B35F6EC89B7F84F4F8B0</p> <p>Date of Disbursement 03 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 15000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Tom Allen for Congress</b></p> <p>Mailing Address PO Box 17766</p> <p>City Portland State ME Zip Code 04112</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Tom H. Allen 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: ME District: 01</p>	<p><b>Transaction ID:</b> B118023CFA2014288A73</p> <p>Date of Disbursement 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>ANNA ESHOO FOR CONGRESS</b></p> <p>Mailing Address 222 Capitol Mall Ste 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Anna G. Eshoo 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: 14</p>	<p><b>Transaction ID:</b> B09F9D0B3752E46069FC</p> <p>Date of Disbursement 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

17000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 21

<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><b>A.</b> Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS</p> <p>Mailing Address PO BOX 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dennis W. Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD6DA0662E24942F38FE</p> <p>Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPP</p> <p>Mailing Address PO BOX 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B94BAD3088F7847139B8</p> <p>Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rush Holt for Congress</p> <p>Mailing Address PO Box 782</p> <p>City Pennington State NJ Zip Code 08534</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Rush Holt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD80309243F8844F5984</p> <p>Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

**A.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF DICK DURBIN**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name Sen. Dick J. Durbin Category/Type

Office Sought:  House  Senate  President Disbursement For: 2008  Primary  General  Other (specify) ▼

State: IL District:

**Transaction ID:** BB29BF9E76AD9461983C  
**Date of Disbursement:** 03 / 16 / 2007

Amount of Each Disbursement this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HOOLEY FOR CONGRESS**

Mailing Address PO Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement

Candidate Name Rep. Darlene Hooley Category/Type

Office Sought:  House  Senate  President Disbursement For: 2008  Primary  General  Other (specify) ▼

State: OR District: 05

**Transaction ID:** BF2680620BD0944F09CF  
**Date of Disbursement:** 03 / 21 / 2007

Amount of Each Disbursement this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name Rep. Mike Thompson Category/Type

Office Sought:  House  Senate  President Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 01

**Transaction ID:** BA9A805D23AE54697A08  
**Date of Disbursement:** 03 / 19 / 2007

Amount of Each Disbursement this Period: 1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 21

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>PEOPLE FOR ENGLISH</b> <hr/> Mailing Address PO Box 1940 <hr/> City Erie State PA Zip Code 16507 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Phil English <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B06D0D9820C7D4A599F9 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>EARL POMEROY FOR CONGRESS</b> <hr/> Mailing Address PO Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B057222A8CA30400888F Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SOLIS FOR CONGRESS</b> <hr/> Mailing Address 6380 Wilshire Blvd #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Hilda L. Solis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B39232AFA756243EB982 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) Stephanie Tubbs-Jones for Congress <hr/> Mailing Address 3729 Sisby Rd <hr/> City University Heights State OH Zip Code 44118 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Stephanie Tubbs Tubbs Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3B933F5AFB98452A91B Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Congressman George Miller <hr/> Mailing Address PO Box 5864 <hr/> City Concord State CA Zip Code 94524 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. George Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B07EFB3259DB74FDF8FE Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>C.</b> Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress <hr/> Mailing Address 200 N Main St <hr/> City Monticello State IN Zip Code 47960 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Steve E. Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B97ADB91B12144D499A4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
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<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><b>A.</b> Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Frank Pallone, Jr. 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: NJ District: 06</p>	<p><b>Transaction ID:</b> BD0046CD372374A0FBED</p> <p>Date of Disbursement MM / DD / YYYY 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS</p> <p>Mailing Address PO Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Diana L. DeGette 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: CO District: 01</p>	<p><b>Transaction ID:</b> BF4248A77FB9941C1ABA</p> <p>Date of Disbursement MM / DD / YYYY 03 / 19 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) RICHARD E NEAL for CONGRESS COMMITTEE</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Richard E. Neal Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02</p>	<p><b>Transaction ID:</b> BEBA4D1E739304D3E8B2</p> <p>Date of Disbursement MM / DD / YYYY 03 / 05 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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) Tammy Baldwin for Congress		Transaction ID: BF15E25D02F11430E81A	
	Mailing Address PO BOx 696		Date of Disbursement MM / DD / YYYY 03 / 05 / 2007	
City Madison		State WI	Zip Code 53701	
Purpose of Disbursement			Amount of Each Disbursement this Period 1000.00	
Candidate Name Rep. Tammy Baldwin			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: WI District: 02				

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1000.00

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

33000.00

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

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PAGE 21 / 21

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

A.

Full Name (Last, First, Middle Initial)

Julia H. Tortorice

Mailing Address 388 SW Quail Heights Terrace

City State Zip Code  
Lake City FL 32025

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B2217DA6A6E7B4096A04

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

250.00

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

250.00