08/20/2009 14:30

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Nurses Association PAC 8515 Georgia Avenue ADDRESS (number and street) Suite 400 Check if different than previously Silver Spring MD 20910 3492 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00017525 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2009 07 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mrs. Mary L. Behrens Type or Print Name of Treasurer Electronically Filed by Mrs. Mary L. Behrens 08 20 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From: м м 0 7 D D 0 1

Y W Y 2009

м м 0 7

^D 31

2009

2 / 17

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 2009 Y Y Y		68149.75
(b) Cash on Hand at Begining of Reporting Period	51750.77	
(c) Total Receipts (from Line 19)	36724.18	243573.16
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	88474.95	311722.91
Total Disbursements (from Line 31)	36111.81	259359.77
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52363.14	52363.14
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
the committee (Itemize all on Schedule C and/or Schedule D)	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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 17

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

м м 0 7

From:

D D 1

^Y 2009

o. |

^D 31

Y Y Y Y Y 2 0 0 9

	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)	1133.30	14740.96
	(ii) Unitemized	35587.00	228721.46
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	36720.30	243462.42
	(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)	36720.30	243462.42
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3	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
1	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	3.88	110.74
	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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36724.18	243573.16
	Fotal Federal Receipts subtract Line 18(c) from Line 19)	36724.18	243573.16

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Shared Federal/Non-Federal		
(Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(o) Other Federal Operating	0011 01	10005.47
	Expenditures	2911.81	19835.17
(c) Total Operating Expenditures	0011.01	10005 17
	(add 21(a)(i), (a)(ii) and (b))	2911.81	19835.17
	ransfers to Affiliated/Other Party	0.00	0.00
3. C	Contributions to	0.00	0.00
F	ederal Candidates/Committeesnd Other Political Committees	33000.00	239100.60
	ndependent Expenditure	333333	
	use Schedule E)	0.00	0.00
. Ò	Coordinated Expenditures Made by Party		
(Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
	Ī	0.00	0.00
. L	oan Repayments Made	0.00	0.00
		0.00	0.00
	oans Made	0.00	0.00
	a) Individuals/Persons Other	200.00	340.00
	Than Political Committees	200.00	340.00
(l	o) Political Party Committees	0.00	0.00
`	c) Other Political Committees		
((such as PACs)	0.00	0.00
(0	d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	200.00	340.00
). C	Other Disbursements	0.00	84.00
	_		
	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	36111.81	259359.77
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	36111.81	259359.77
	from Line 31)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 17

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)	36720.30	243462.42
34.	Total Contribution Refunds (from Line 28(d))	200.00	340.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	36520.30	243122.42
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2911.81	19835.17
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2911.81	19835.17

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 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 NAME OF COMMITTEE (In Full) American Nurses Association PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Sara McCumber Mailing Address 2004 Lackawanna Ave City Superior FEC ID number of contributing federal political committee. Name of Employer Duluth Clinic Receipt For: Primary General Other (specify)	State Zip Code WI 54880-2133 C Occupation Nurse Practitioner Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y O T 2 0 0 9 Transaction ID: AA38D86C970834631E Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms. Judith A Huntington Mailing Address 12816 SE 243rd St City Kent FEC ID number of contributing federal political committee. Name of Employer WA State Nurses Association Receipt For: Primary General Other (specify)	State Zip Code WA 98030-5083 C Occupation Executive Director Aggregate Year-to-Date 624.99	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Karen Daley Mailing Address 52 Copperwood Dr City Stoughton FEC ID number of contributing federal political committee. Name of Employer Brigham & Women's Hospital Receipt For: Primary General Other (specify)	State Zip Code MA 02072-1439 C Occupation SENIOR STAFF NURSE Aggregate Year-to-Date 249.99	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		541.66

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/17 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Nurses Association Page 1	s and Statements may not be sold or used by any pering the name and address of any political committee	
Full Name (Last, First, Middle Initial) Ms. Judith A. Anderson Mailing Address 5258 Bonwood C City	Or State Zip Code	Date of Receipt 0 7 0 6 2 0 0 9 Transaction ID: A414D3BCAECB54E049
Toledo FEC ID number of contributing federal political committee.	OH 43623-2154	Amount of Each Receipt this Period 200.00
Name of Employer Medical College of Ohio Receipt For: Primary General Other (specify) ▼	Occupation Professor Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Virginia T. Williamson Mailing Address 5000 Lakeridge I	Dr	Date of Receipt 0 7 0 6 2 0 0 9
City Reno FEC ID number of contributing	State Zip Code NV 89509-5771	Transaction ID: AE55EE8030277429790 Amount of Each Receipt this Period 125.00
Name of Employer Washoe County Schools	Occupation School Nurse	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Christine Saltzberg Mailing Address 6 Nichols Way	'	Date of Receipt 0 7 2 0 2 0 0 9
City Nottingham FEC ID number of contributing	State Zip Code NH 03290-5826	Transaction ID: AE46AB8986434432DA0 Amount of Each Receipt this Period 166.64
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	
	onal)	491.64

	EDULE A (FEC Form 3X) IZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 11a 13	-	PAGE 8/17 11c
NAN	ormation copied from such Reports and commercial purposes, other than using the OF COMMITTEE (In Full) erican Nurses Association PAC	Statements mane name and add	y not be sold or used by any person dress of any political committee to	on for the purpo o solicit contribu	ose of solicitutions from s	ting contributions such committee.
A. Ms. Maili City Car FEC fede Nam Reti	Name (Last, First, Middle Initial) Mary Louise C. Lovering ing Address PO Box 36 Daan B ID number of contributing ral political committee. The of Employer red eipt For: Primary General Other (specify)	State VT C Occupatio Retired Aggregate	Zip Code 05903-0036 n e Year-to-Date ▼		tion ID: AA	2 0 0 9 A167C66DF6B04E729BC ceipt this Period 25.00
B. Mrs. Maili City Pav FEC fede Nam	Name (Last, First, Middle Initial) Donna M. Policastro, RNP,BC ing Address 67 Park Place Vtucket CID number of contributing ral political committee. The of Employer on Sherman, MD eipt For: Primary General Other (specify)		Zip Code 02860-4009 n e Director e Year-to-Date ▼ 250.00		2 4	2 0 0 9 0A18DCAAAF4841A189A ceipt this Period 50.00
C. Lyne Maili City Car FEC fede Nam capi	Name (Last, First, Middle Initial) ette K Harper ing Address 3211 Dartmouth Ct eson City E ID number of contributing oral political committee. the of Employer tol oncology eipt For: Primary General Other (specify)	State NV C Occupatio RN Aggregate	Zip Code 89703-8302 n • Year-to-Date ▼		28	2 0 0 9 BAC3F1CFBAC644DAAE ceipt this Period 25.00
	OTAL of Receipts This Page (optional) L This Period (last page this line number		<u> </u>			100.00 1133.30

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 9/17 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Nurses Association PAC Full Name (Last, First, Middle Initial) Transaction ID: B461607A1D3354B9ABCD Bank of America Merchant Services Date of Disbursement 3 1 o[™] 7 2009 Mailing Address PO Box 2485 City State Zip Code Amount of Each Disbursement this Period WA 99210-2485 Spokane 308.60 Purpose of Disbursement credit card and online lockbox fees Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: B9BE757F796F74712823 Bank of America Date of Disbursement 3 1 o^M7 2009 Mailing Address PO Box 27025 City State Zip Code Amount of Each Disbursement this Period 23261-7025 Richmond VA 2603.21 Purpose of Disbursement bank fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	2911.81
TOTAL This Period (last page this line number only)	•	2911.81

Other (specify)

State:

		Use separate schedule(s	s)	(check or		.1 1.	L	TAGE	10 / 1 /	
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	y Information copied from such Reports and Stater for commercial purposes, other than using the name									
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
/	American Nurses Association PAC									
	Full Name (Last, First, Middle Initial)					saction IE		39074	9F4AFF	-44D4
	Republican National Committee				Date 0 7	of Disburs	2 2	YYY	0 0 9 °	1
	Mailing Address 320 1st St SE				0 7				003	
	City Washington	State Zip Code DC 20003			Amou	int of Eac	h Disbu	ırsemen	t this Pe	riod
	Purpose of Disbursement				T L.			25	00.00	
	Candidate Name			ategory/ Type						
		ement For: 2010 Primary General Other (specify)								
	Full Name (Last, First, Middle Initial)				Trans	action ID): BE	277199	919E23	4BA0
	Wolverine PAC				Date	of Disburs	sement			
	Mailing Address 607 14th St NW Ste 800				0 7	, ,	22	2	0 0̈ 9 ́	
	City Washington	State Zip Code DC 20005			Amou	int of Eac	h Disbu	ırsemen	t this Pe	riod
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	City Washington	State Zip Code DC 20003			Amou	int of Eac	h Disbu	ırsemen	t this Pe	riod
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	Candidate Name			ategory/ Type						
		ement For: 2010 Primary General Other (specify)	-							
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ITEMIZED DISPLIBSEMENTS	Use separate schedule(s)	(check onl	e NUMBER. PAGE 11/1/		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 28a 28b 28c 29		
Any Information copied from such Reports and St or for commercial purposes, other than using the		by any person	for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	Traine and address of any political	COMMITTEE TO SC	Shelt contributions from such committee		
American Nurses Association PAC					
/ American Narios Association 1718					
Full Name (Last, First, Middle Initial)			Transaction ID: BCD647ECAC7C3		
National Republican Senatorial Comm	ittee		Date of Disbursement		
Mailing Address 425 2nd St NE			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio		
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Candidate Name		Category/ Type			
• 🗎	oursement For: 2010				
Senate President	X Primary General				
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Full Name (Last, First, Middle Initial)			Tunnestin ID		
DEMOCRATIC SENATORIAL CAMPA	IGN COMMITTEE		Transaction ID: B191A08708A0E46 Date of Disbursement		
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Candidate Name		Category/ Type			
Office Sought: House Disk	oursement For: 2010	туре			
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Full Name (Last, First, Middle Initial)			Transaction ID: B93EEA73B337948		
New Democrat Coaltion PAC			Date of Disbursement		
Mailing Address c/o 607 14th St			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio		
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TOTAL This Period (last page this line number	only)				

ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	e(S)	check or		JLN.	L	PAGE 12/	17
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-	The and address of any point	icai comi	iiillee lo s	SOIICIL COI	Illibulions	TIOITI SUC	ii committee	
NAME OF COMMITTEE (In Full) American Nurses Association PAC								
American Nuises Association FAC								
Full Name (Last, First, Middle Initial)				Trai	nsaction I	D : B14	89F35134 <i>F</i>	AC42BE
NATIONAL REPUBLICAN CONGRESSION	ONAL COmmittee			Date	e of Disbu			
Mailing Address 320 1st St SE				0 ^M	7 M /	22	2009	Э [~]
City Washington	State Zip Code DC 20003			Amo	ount of Ea	ch Disbui	rsement this I	Period
Purpose of Disbursement			-				3000.00)
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Candidate Name			egory/ ype					
· 🗎	sement For: 2010	al						
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State: District:								
Full Name (Last, First, Middle Initial)				Trai	nsaction I	D : Β4Γ	0067939C6	014CF
Mike McMahon for Congress					e of Disbu		7007 303 00	01402
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Purpose of Disbursement							1000.00	,
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Rep. Mike McMahon			уре					
9 1	sement For: 2010	-						
	X Primary Genera	al						
President State: NY District: 13	Other (specify) ▼							
Full Name (Last, First, Middle Initial)				_		D D00	74000450	
LOBIONDO FOR CONGRESS					e of Disbu	rsement	74C08459	
Mailing Address 1707 Prince St #5				O _W	7 ^M / L	22	žoŏs	Э
City Alexandria	State Zip Code VA 22314			Am	ount of Ea	ch Disbui	rsement this I	Period
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	sement For: 2010							
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President	Other (specify)							
State: NJ District: 02								
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	EMIZED DISPUDSEMENTS	Use separate schedule(s)	FOR LINE (check only	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
	NAME OF COMMITTEE (In Full) American Nurses Association PAC	o a lo aca coo o a ly pointou o		
<u>/</u>	Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD			Transaction ID: B31EAB23CFC714EF4 Date of Disbursement
	Mailing Address 122 Maryland Ave NE			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} Y$
	City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name Sen. Chris J. Dodd		Category/ Type	
	X Senate President	ement For: 2010 Primary General Other (specify)		
	State: CT District: Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS			Transaction ID: B1F0C67F4ABB149009 Date of Disbursement
	Mailing Address PO BOx 23940			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}^{Y}$
	City Santa Barbara	State Zip Code CA 93121		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name Rep. Lois Capps		Category/ Type	
	· —	ement For: 2010 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) Peter Stark Re-Election Committee			Transaction ID: BDB63804BE2D04188 Date of Disbursement
	Mailing Address PO Box 8331			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Fremont	State Zip Code CA 94537		Amount of Each Disbursement this Period
	Purpose of Disbursement			2000.00
	Candidate Name Rep. Pete Stark		Category/ Type	
	Office Sought: X House Senate President State: CA District: 13	ement For: 2010 Primary X General Other (specify)		
	UBTOTAL of Disbursements This Page (optional)			4000.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) American Nurses Association PAC			
<u>/</u>	Full Name (Last, First, Middle Initial) Peter Stark Re-Election Committee			Transaction ID: B0BD189BE1ADE49BC Date of Disbursement
	Mailing Address PO Box 8331			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & 9 \\ 2 & Q & Q & 9 \end{bmatrix} \ $
	City Fremont	State Zip Code CA 94537		Amount of Each Disbursement this Period
	Purpose of Disbursement			1500.00
	Candidate Name Rep. Pete Stark		Category/ Type	
	Senate X	ement For: 2010 Primary General Other (specify)		
	State: CA District: 13 Full Name (Last, First, Middle Initial) Matsui For Congress			Transaction ID: B1467F72B66B14655B
	Mailing Address PO Box 1738			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 & \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} \end{bmatrix}$
	undefined City Sacramento	State Zip Code CA 95812-1738		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name Rep. Doris Matsui		Category/ Type	
	X III	ement For: 2010 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER			Transaction ID: B154827AEC0BE4DE6l Date of Disbursement
	Mailing Address PO Box 75103			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City Washington	State Zip Code DC 20013		Amount of Each Disbursement this Period
	Purpose of Disbursement			1000.00
	Candidate Name Sen. Arlen Specter		Category/ Type	
		ement For: 2010 Primary General Other (specify)		
	UBTOTAL of Disbursements This Page (optional)			3500.00

	Use separate schedule(s)	(check only	NUMBER: PAGE 15/1/
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)	, p		
American Nurses Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: B7F24FE5E906D490C
Dina Titus for Congress Mailing Address PO Box 50614 Ste C			Date of Disbursement 0 7 2 9 2 0 0 9
City Henderson	State Zip Code NV 89106		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name Hon. Dina Titus		Category/ Type	
X	sement For: 2010 K Primary General Other (specify)		
State: NV District: 03			
Full Name (Last, First, Middle Initial) Tim Bishop For Congress			Transaction ID: B8496ED79568541D5 Date of Disbursement
Mailing Address PO Box 437			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \Big/ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{smallmatrix} \Big] \Big/ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \Big]$
City Farmingham	State Zip Code NY 11738		Amount of Each Disbursement this Period
Purpose of Disbursement		•	1000.00
Candidate Name Rep. Timothy H. Bishop		Category/ Type	
	sement For: 2010 C Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Gerry Connolly for Congress			Transaction ID: BFCA5C6F1DF3C452 Date of Disbursement
Mailing Address PO Box 563			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 2 \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
City Merrifield	State Zip Code VA 22116		Amount of Each Disbursement this Period
Purpose of Disbursement		•	1000.00
Candidate Name Gerry Connolly	,	Category/ Type	
X X	sement For: 2010 K Primary General Other (specify)		
			3000.00
SUBTOTAL of Disbursements This Page (optional			

A.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N (check only c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Nurses Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: B053C5A42195C436DBB
Committee to Re-Elect Congressman Chri	Smith		Date of Disbursement
Mailing Address PO Box 3184			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} D & 2 & D \\ 0 & 2 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City Hamilton	State Zip Code NJ 08619-0184		Amount of Each Disbursement this Period
Purpose of Disbursement	100 00013 0104		1000.00
r dipose of Disbursement	urpose of Disbursement		
Candidate Name Rep. Chris H. Smith	C	Category/	
·		Туре	
X	ement For: 2010 Primary General		
President	Other (specify)		
State: N.I. District: 04	Taller (opeony)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1000.00
		22000.00
TOTAL This Period (last page this line number only)		33000.00

	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: y one)	PAGE 17 / 17	
	II EMIZED DISBURSEMEN IS	Detailed Summary Page	21b 27	22 23 2 X 28a 28b	24 25 26 28c 29 30b	
	Any Information copied from such Reports and Sta or for commercial purposes, other than using the n	,			•	
	NAME OF COMMITTEE (In Full) American Nurses Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Kathryn L. Crane Mailing Address 6694 Breckenridge Ct			Transaction ID: B405A5EE42CD547D2A0 Date of Disbursement M M M D D D D Y Y Y Y O Y 9 Y 2 0 0 9		
	City Lakeland	State Zip Code FL 33813-3703		Amount of Each Dist	bursement this Period	
	Purpose of Disbursement asked for her donation to be returned				200.00	
	Candidate Name		Category/ Type			
	Senate President	rsement For: Primary General Other (specify) ▼				
	State: District: I					

SUBTOTAL of Disbursements This Page (optional)	•	200.00
TOTAL This Period (last page this line number only)	•	200.00