

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 05 01 2007 through 05 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Behrens

Signature of Treasurer Electronically Filed by Mary Behrens Date 02 12 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

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	168329.66									
(c) Total Receipts (from Line 19)	29952.14	251971.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	198281.80	333787.09								
7. Total Disbursements (from Line 31)	46936.63	182441.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	151345.17	151345.17								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

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	3791.00	18016.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	26713.42	233882.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30504.42	251898.95
(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)	30504.42	251898.95
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	-886.00	-886.00
17. Other Federal Receipts (Dividends, Interest, etc.)	333.72	958.15
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))	29952.14	251971.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29952.14	251971.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1436.63	9616.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1436.63	9616.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45500.00	172000.00
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	825.00
(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	825.00
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))..	46936.63	182441.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46936.63	182441.92

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	30504.42	251898.95
34. Total Contribution Refunds (from Line 28(d))	0.00	825.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30504.42	251073.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1436.63	9616.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1436.63	9616.92

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

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

FOR LINE NUMBER: PAGE 6 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Susan E. Boggs
Mailing Address 417 9th Ave
City Belmar State NJ Zip Code 07719
FEC ID number of contributing federal political committee. **C**
Name of Employer Dr Clark Occupation Nurse
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt 05 / 01 / 2007
Transaction ID: A08A7515EEA2345D4973
Amount of Each Receipt this Period 290.00

B. Full Name (Last, First, Middle Initial)
Ms. Susan L. Skidmore
Mailing Address 6105 9th Rd North
City Arlington State VA Zip Code 22205
FEC ID number of contributing federal political committee. **C**
Name of Employer The Computacare Company Occupation Nurse
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 236.00
Date of Receipt 05 / 01 / 2007
Transaction ID: AF81C4707A34342418AA
Amount of Each Receipt this Period 236.00

C. Full Name (Last, First, Middle Initial)
Ms. Barbara E S Ellner
Mailing Address 4140 -244 Workman Mill Rd
City Whittier State CA Zip Code 90601-5083
FEC ID number of contributing federal political committee. **C**
Name of Employer Bartlett Care Center Occupation Nurse
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 05 / 01 / 2007
Transaction ID: A2F067482391F4012A3E
Amount of Each Receipt this Period 260.00

SUBTOTAL of Receipts This Page (optional) ► 786.00
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 / 33
	<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. Mary L. Gillilan

Mailing Address 4518 Green Valley Dr

City Jefferson City State MO Zip Code 65109-6523

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

Name of Employer Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2007

Transaction ID: A4021176553BE49DB937

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Ms. Ruth D. Piech

Mailing Address 6706 Stiller Dr
Po Box 462

City Missouri City State TX Zip Code 77459-0462

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

Name of Employer MacGregor Medical Assoc Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 03 / 2007

Transaction ID: ABAB0E307B1174084A86

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Ms. Theresa Crawley

Mailing Address 14831 N. 44th Place

City Phoenix State AZ Zip Code 85032

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

Name of Employer Dream Catcher Anesthesia Occupation NURSE ANESTHETICST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 03 / 2007

Transaction ID: AD7A6D9FEB7414970A6E

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33
(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. Mary H. Griffith

Mailing Address 15251 S. 26th St

City State Zip Code
Phoenix AZ 85048-9514

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
E & H Resources, Inc Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
05 / 09 / 2007

Transaction ID: AFCCF41E9B7DF4519A33

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ms. Barbara E S Ellner

Mailing Address 4140 -244 Workman Mill Rd

City State Zip Code
Whittier CA 90601-5083

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Bartlett Care Center Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt MM / DD / YYYY
05 / 13 / 2007

Transaction ID: AF6B65DC620824F988AA

Amount of Each Receipt this Period 5.00

C. Full Name (Last, First, Middle Initial)
Ms. Ellen M Sanders

Mailing Address 654 Boca Marina Ct

City State Zip Code
Boca Raton FL 33487

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Innovative Healthcare Services, Inc RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 16 / 2007

Transaction ID: A812DF9C5DECE4DC3BA3

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 755.00

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 / 33
(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. Sara A. McCumber

Mailing Address 2004 Lackawanna Ave

City Superior State WI Zip Code 54880-2133

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

Name of Employer Duluth Clinic Occupation Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2007
Transaction ID: A515BC1DF1F5C438287C
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ana M. Valadez

Mailing Address 3604 42nd St

City Lubbock State TX Zip Code 79413-3026

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

Name of Employer Texas Tech Univ. Health Sciences Centre Occupation Professor & Assoc Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2007
Transaction ID: AEE571DA099A64B8BBA4
Amount of Each Receipt this Period 240.00

C. Full Name (Last, First, Middle Initial)
Ms. Sandra Cotton

Mailing Address 33 Chardonnay Dr

City Morgantown State WV Zip Code 26508-5225

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

Name of Employer West Virginia University Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2007
Transaction ID: A7845262C9CF54F63A91
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **740.00**

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 / 33
	<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. Patricia C. Owens

Mailing Address Hc 73 Box 70

City Marietta State OK Zip Code 73448-9520

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

Name of Employer: Mercy Love Co. Rural Health Clinic Occupation: Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 05 / 24 / 2007

Transaction ID: A7FF4CCB56E1F45D38FA

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Ms. Sharon Rainer

Mailing Address 221 Union St

City Moorestown State NJ Zip Code 08057-2339

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

Name of Employer: NJSNA Occupation: RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 05 / 24 / 2007

Transaction ID: A1CC13731F5A045DDAB6

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Ms. Nancy Atkins

Mailing Address 1448 Sattes Circle

City Nitro State WV Zip Code 25143-2339

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

Name of Employer: DHHR Occupation: Commissioner Bureau Medical Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 24 / 2007

Transaction ID: AECA3EF21DBC640AD853

Amount of Each Receipt this Period: 225.00

SUBTOTAL of Receipts This Page (optional) ▶ 275.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Debra Hatmaker

Mailing Address 10 51 Ln Creek Ct

City State Zip Code
Bishop GA 30621-1170

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

Name of Employer Occupation
GA Nurses Association Chief Programs Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Transaction ID: A5CC23FFF39B34C13989

Amount of Each Receipt this Period
85.00

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

Mailing Address 6169 River Sound Circle

City State Zip Code
Southport NC 28461-3141

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

Name of Employer Occupation
Self-employed RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Transaction ID: AC2DC9A7A5E4745F599B

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mr. Douglas Burns

Mailing Address 8104 Bear Creek Dr

City State Zip Code
Austin TX 78737-4401

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

Name of Employer Occupation
Professional Perioperative Services, P RN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Transaction ID: AB1859A54B9CC4B28ABA

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **385.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 33
	(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. Barbara A. Blakeney

Mailing Address 21 Andrea Rd

City State Zip Code
Waltham MA 02453-2801

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

Name of Employer ANA Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2007

Transaction ID: A44B95DFE8FBE4883AE6

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Sara L. Jarrett

Mailing Address 2751 S. Macon Circle

City State Zip Code
Aurora CO 80014-3027

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

Name of Employer Regis University Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2007

Transaction ID: AB5E4432568EA41FE956

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	3791.00

**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 13 / 33
	<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 checked="" 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. Susan L. Skidmore	Date of Receipt MM / DD / YYYY 05 / 01 / 2007
	Mailing Address 6105 9th Rd North	Transaction ID: ADFABBE254F1B49CBB7
	City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period -236.00
	FEC ID number of contributing federal political committee. C	was mistakenly deposited to PA
	Name of Employer: The Computare Company Occupation: Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ -236.00	

B.	Full Name (Last, First, Middle Initial) Ms. Susan E. Boggs	Date of Receipt MM / DD / YYYY 05 / 01 / 2007
	Mailing Address 417 9th Ave	Transaction ID: A1AAC939EA384472DBB3
	City State Zip Code Belmar NJ 07719	Amount of Each Receipt this Period -290.00
	FEC ID number of contributing federal political committee. C	was mistakenly deposited to PA
	Name of Employer: Dr Clark Occupation: Nurse Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ -290.00	

C.	Full Name (Last, First, Middle Initial) Ms. Barbara Wright	Date of Receipt MM / DD / YYYY 05 / 07 / 2007
	Mailing Address 3520 South Broken Spoke S.	Transaction ID: AAEBBCE86E48B4C60AC8
	City State Zip Code Casa Grande AZ 85222	Amount of Each Receipt this Period -100.00
	FEC ID number of contributing federal political committee. C	refund corp ck
	Name of Employer: HEALTHCARE EDUCATION & TRAINING Occupation: Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ -100.00	

SUBTOTAL of Receipts This Page (optional)	-626.00
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 14 / 33
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input type="checkbox"/> 12
		<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. Barbara E S Ellner		Date of Receipt
	Mailing Address 4140 -244 Workman Mill Rd		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Whittier	CA	90601-5083
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Bartlett Care Center	Occupation Nurse	Transaction ID: AB1934BABE44246AE911
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="-260.00"/>	
Aggregate Year-to-Date ▼ <input type="text" value="-260.00"/>		was mistakenly deposited to PA	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="-260.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="-886.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 33	
	(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"/> 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		Date of Receipt	
	Mailing Address PO Box 622227		M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: A29B3FAD352E74A35BEA
	Orlando	FL	32862-2227	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		319.61	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 941.48		

SUBTOTAL of Receipts This Page (optional)	▶	319.61
TOTAL This Period (last page this line number only)	▶	319.61

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 33

<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 Mailing Address PO Box 27025 City Richmond State VA Zip Code 23261 Purpose of Disbursement bank fees Candidate Name 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: BE47976059D264113BD8 Date of Disbursement 05 / 30 / 2007 Amount of Each Disbursement this Period 448.83
B.	Full Name (Last, First, Middle Initial) Sun Trust Bank c/oNOVA Regions Bank Montgomery Mailing Address 7300 Chapmans Hwy City KNOXville State TN Zip Code 37920 Purpose of Disbursement credit card fees Candidate Name 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: B264127FBC51A4F9F910 Date of Disbursement 05 / 31 / 2007 Amount of Each Disbursement this Period 161.91
C.	Full Name (Last, First, Middle Initial) Sun Trust Bank Mailing Address PO Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement bank fees Candidate Name 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: B216B20C2F6F3441FB68 Date of Disbursement 05 / 31 / 2007 Amount of Each Disbursement this Period 790.12

SUBTOTAL of Disbursements This Page (optional) ▶	1400.86
TOTAL This Period (last page this line number only) ▶	1400.86

**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 / 33

<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

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

<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) ▼</p> <p>State: CA District: 13</p>	<p>Transaction ID: B2691C0903CC7483B82C</p> <p>Date of Disbursement 05 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Donnelly For Congress Committee</p> <p>Mailing Address 422 C St NE Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Joe Donnelly 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) ▼</p> <p>State: IN District: 02</p>	<p>Transaction ID: B86AA83DD8A9B4F4EBB6</p> <p>Date of Disbursement 05 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress</p> <p>Mailing Address 200 N Main St</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Steve E. Buyer 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) ▼</p> <p>State: IN District: 04</p>	<p>Transaction ID: B7A54CF58B0724496BAB</p> <p>Date of Disbursement 05 / 25 / 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)	<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)

<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) CITIZENS FOR ARLEN SPECTER <hr/> Mailing Address PO Box 75103 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement check was voided because it was never ca Candidate Name Sen. Arlen Specter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5381DC3A5495428D87C Date of Disbursement 05 / 01 / 2007
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS <hr/> Mailing Address 2501 Wisconsin Ave #304 <hr/> City Washington State DC Zip Code 20007 <hr/> Purpose of Disbursement Candidate Name Rep. Dave Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B338FEF029E94462FBCB Date of Disbursement 05 / 17 / 2007
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tom Allen for Congress <hr/> Mailing Address PO Box 17766 <hr/> City Portland State ME Zip Code 04112 <hr/> Purpose of Disbursement Candidate Name Rep. Tom H. Allen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B27D3B1622B1C442BBCE Date of Disbursement 05 / 07 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 33

<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) NITA LOWEY FOR CONGRESS <hr/> Mailing Address PO Box 271 <hr/> City State Zip Code White Plains NY 10605 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Nita M. Lowey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEE8FF1C51C1F4585A3A Date of Disbursement 05 / 30 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS <hr/> Mailing Address PO Box 521048 Ste A <hr/> City State Zip Code Salt Lake City UT 84152 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jim Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEF12662E18304455B1E Date of Disbursement 05 / 30 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Ellsworth For Congress <hr/> Mailing Address PO Box 62 <hr/> City State Zip Code Evansville IN 47701 <hr/> Purpose of Disbursement <hr/> Candidate Name Brad Ellsworth <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9B00323C54DA42DE986 Date of Disbursement 05 / 25 / 2007
	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)

<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) The Reed Committee <hr/> Mailing Address PO Box 8628 <hr/> City Cranston State RI Zip Code 02920 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Jack F. Reed <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B72F2640C7E0842FB8B8 Date of Disbursement 05 / 30 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL Committee <hr/> Mailing Address 320 1st St SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF5CD708A4EB54CBE954 Date of Disbursement 05 / 19 / 2007
	Amount of Each Disbursement this Period 15000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Gwen Moore for Congress <hr/> Mailing Address 499 S Capitol St SW Ste 412 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Gwen Sophia Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE77EF068B6654FCCA5C Date of Disbursement 05 / 14 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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) JESSE L JACKSON JR FOR CONGRES <hr/> Mailing Address PO Box 490286 <hr/> City Chicago State IL Zip Code 60649 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jesse L. Jackson, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B27A7C700745D44D09FE Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tuesday Group <hr/> Mailing Address PO Box 40385 <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B561641960741433EAA0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS COMMITTEE <hr/> Mailing Address 7095 Malcolm Rd Ste 102 <hr/> City Clinton State MD Zip Code 20735 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEC36601451A54B1EBFD Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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) Betty Sutton For Congress Mailing Address 1700 W Market St #155 City Akron State OH Zip Code 44313 Purpose of Disbursement check was voided because it was never ca Candidate Name Betty Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BECF33CA0CB1544D0AB9 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
	Amount of Each Disbursement this Period -1000.00
B. Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress Mailing Address PO Box 582 City Kensington State MD Zip Code 20895 Purpose of Disbursement Candidate Name Rep. Lucille Roybal-Allard Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B99276488E2A74C6288E Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
	Amount of Each Disbursement this Period 500.00
C. Full Name (Last, First, Middle Initial) Kildee For Congress Mailing Address PO Box 317 City Flint State MI Zip Code 48501 Purpose of Disbursement Candidate Name Rep. Dale E. Kildee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B64BE4AB8A18540CFB52 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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 23 / 33

<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) PASCRELL FOR CONGRESS Mailing Address 38 Ivy St SE City State Zip Code Washington DC 20003 Purpose of Disbursement Candidate Name Rep. Bill J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2008 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: NJ District: 08	Transaction ID: B61487566DCA64163878 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Purpose of Disbursement
B. Full Name (Last, First, Middle Initial) PELOSI FOR CONGRESS Mailing Address 235 Montgomery St Ste 610 City State Zip Code San Francisco CA 94104 Purpose of Disbursement Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2008 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: CA District: 08	Transaction ID: BDD3517591B894AEE9AD Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Purpose of Disbursement
C. Full Name (Last, First, Middle Initial) Patrick Murphy For Congress Mailing Address PO Box 868 City State Zip Code Levittown PA 19058 Purpose of Disbursement Candidate Name Patrick J. Murphy Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2008 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: PA District: 08	Transaction ID: BC84F0C09700848DA99B Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Purpose of Disbursement

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

<p>A. Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS</p> <p>Mailing Address 320 Kenarden Dr</p> <p>City Highland Heights State OH Zip Code 44143</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Steven C. LaTourette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B522C827F3E3644DF8FB</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Van Hollen for Congress</p> <p>Mailing Address 10537 St Paul St</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Chris Van Hollen, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC7E600C50653460D8AE</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY</p> <p>Mailing Address 151 Linden Rd</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA84E1F174A8843FC8EF</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>

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 25 / 33

<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) MOORE FOR CONGRESS <hr/> Mailing Address PO BOX 14631 <hr/> City Shawnee Mission State KS Zip Code 66285 Purpose of Disbursement <hr/> Candidate Name Rep. Dennis W. Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B12C5B159839F4B49B55 Date of Disbursement 05 / 02 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address PO Box 2232 <hr/> City Jenkinstown State PA Zip Code 19046 Purpose of Disbursement <hr/> Candidate Name Rep. Allyson Y. Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCD75B9BB6E9546AE8E4 Date of Disbursement 05 / 30 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN <hr/> Mailing Address PO Box 16128 <hr/> City Washington State DC Zip Code 77222 Purpose of Disbursement <hr/> Candidate Name Rep. Gene Green <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4BFB582CF9404A01B7B Date of Disbursement 05 / 25 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 26 / 33

<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) Charlie Dent For Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B65D1D648E5D649E592F</p> <p>Date of Disbursement MM / DD / YYYY 05 / 01 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Mazie Hirono</p> <p>Mailing Address PO Box 677</p> <p>City Honolulu State HI Zip Code 96809</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Mazie K. Hirono</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1CE53C7D7C9C4F1DBE5</p> <p>Date of Disbursement MM / DD / YYYY 05 / 25 / 2007</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Comm</p> <p>Mailing Address 499 S Capitol St SW Ste 412</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Charlie R. Melancon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCACE687515864E25B4C</p> <p>Date of Disbursement MM / DD / YYYY 05 / 25 / 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"/>

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) Michaud for Congress <hr/> Mailing Address 213 Lisbon St <hr/> City Lewiston State ME Zip Code 04240 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael H. Michaud <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE261412FC1A84BD0846 Date of Disbursement 05 / 17 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS <hr/> Mailing Address 438 Lewis A <hr/> City Brooklyn State NY Zip Code 11233 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Edolphus Towns <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5BE9ED68E13D459E8B0 Date of Disbursement 05 / 03 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) BETTY MCCOLLUM FOR CONGRESS <hr/> Mailing Address PO Box 14131 <hr/> City St Paul State MN Zip Code 55114 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Betty McCollum <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEBFA0B4928A441F8A1E Date of Disbursement 05 / 30 / 2007
	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)

PAGE 28 / 33

<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) Tom Allen for Congress</p> <p>Mailing Address PO Box 17766</p> <p>City Portland State ME Zip Code 04112</p> <p>Purpose of Disbursement lost original check, reissued, but found</p> <p>Candidate Name Rep. Tom H. Allen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB54D423BB7AA4DF9A15</p> <p>Date of Disbursement 05 / 08 / 2007</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF SAM FARR</p> <p>Mailing Address 555 Capitol Mall Ste 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9A192B4FC9734BB9A43</p> <p>Date of Disbursement 05 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS</p> <p>Mailing Address PO box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B097F28363A0A4772895</p> <p>Date of Disbursement 05 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

**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>A. Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 California Rd</p> <p>City State Zip Code Bronxville NY 10708</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB119EF4FBDD6419AA90</p> <p>Date of Disbursement <input type="text"/> 05 / <input type="text"/> 30 / <input type="text"/> 2007</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Ct</p> <p>City State Zip Code Las Vegas NV 89121</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFD8A74CB266C4D9E8A7</p> <p>Date of Disbursement <input type="text"/> 05 / <input type="text"/> 25 / <input type="text"/> 2007</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress</p> <p>Mailing Address 38 Ivy St SE</p> <p>City State Zip Code Washington DC 20037</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John W. Olver</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE1CF1EA181C0453DAAF</p> <p>Date of Disbursement <input type="text"/> 05 / <input type="text"/> 17 / <input type="text"/> 2007</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text"/> 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)

<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) Courtney for Congress</p> <p>Mailing Address 38 Risley Rd</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Joe Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC18562BA471B4378927</p> <p>Date of Disbursement 05 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL Committee</p> <p>Mailing Address 320 1st St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement check was voided because it was lost in</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1E6C071AB28B4CF59E2</p> <p>Date of Disbursement 05 / 19 / 2007</p> <p>Amount of Each Disbursement this Period -15000.00</p>
<p>C. Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalva Congressional Committee</p> <p>Mailing Address PO Box 1242</p> <p>City Tucson State AZ Zip Code 85702</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Raul M. Grijalva</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF0E2DA6B9B6442728DC</p> <p>Date of Disbursement 05 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	-13000.00
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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 499 S Capitol St Sw</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Phil Hare 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: 17</p>	<p>Transaction ID: B11918B16F5BF404B9E7</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF MAURICE HINCHEY</p> <p>Mailing Address PO Box 4497</p> <p>City Kingston State NY Zip Code 12402</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Maurice D. Hinchey 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: NY District: 22</p>	<p>Transaction ID: BDA527CA8DB0342619A4</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS</p> <p>Mailing Address PO Box 750176</p> <p>City Petaluma State CA Zip Code 94975</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Lynn C. Woolsey 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: 06</p>	<p>Transaction ID: BD5EBD55A26734FCFB0A</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

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

**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 32 / 33

<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) Carney For Congress <hr/> Mailing Address PO Box A <hr/> City Clarks Summit State PA Zip Code 18411 Purpose of Disbursement <hr/> Candidate Name Christopher P. Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDC13C056CA144A63BDC Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota <hr/> Mailing Address PO Box 1859 <hr/> City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement <hr/> Candidate Name Sen. Tim Johnson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA335AF451E344463955 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 Purpose of Disbursement <hr/> Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCD415A4730A14E359FC Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 33 / 33

<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 Rahm Emanuel

Transaction ID: B59A074611E37466580C

Date of Disbursement

Mailing Address PO Box 101124

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

City Chicago State IL Zip Code 60610

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

--

Candidate Name
Rep. Rahm Emanuel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District: 05

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

45500.00