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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) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2007 05 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mary Behrens Type or Print Name of Treasurer Electronically Filed by Mary Behrens 02 12 2008 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)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Nurses Association PAC [®] D " D 0.5 2007 0 1 2007 0.5 3 1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand Ž007 81815.99 January 1 (b) Cash on Hand at 168329.66 Begining of Reporting Period 29952.14 251971.10 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 198281.80 333787.09 6(a) and 6(c) for Column B) 46936.63 182441.92 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 151345.17 151345.17 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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) Page 3

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period:

м м 0 5

From:

01

^Y 2 0 0 7

To: 0 5 5

^D 3 1

^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	utions (other than loans) From: dividuals/Persons Other		
TI (i)	nan Political Committees Itemized (use Schedule A)	3791.00	18016.00
•	Unitemized	26713.42	233882.95
(ii) TOTAL (add Lines 11(a)(i) and (ii)	30504.42	251898.95
(b) Po	olitical Party Committees	0.00	0.00
(s	ther Political Committees uch as PACs) otal Contributions (add Lines	0.00	0.00
	(a)(iii),(b) and (c)) (Carry tals to Line 33, page 5)	30504.42	251898.95
	ers From Affiliated/Other committees	0.00	0.00
3. All Loa	ns Received	0.00	0.00
	epayments Received	0.00	0.00
(Carry	ds, Rebates, etc.) Totals to Line 37, page 5)	0.00	0.00
	eral candidates and Other I Committees	-886.00	-886.00
	Federal Receipts nds, Interest, etc.)	333.72	958.15
8. Transf	ers from Non-Federal and Levin Funds		
` '	n-Federal Account om Schedule H3)	0.00	0.00
(b) Lev	rin Funds (from Schedule H5)	0.00	0.00
(c) Tot	al Transfer (add 18(a) and 18(b)).	0.00	0.00
	deceipts (add Lines 11(d), 14, 15, 16, 17, and 18(c))	29952.14	251971.10
	ederal Receipts ct 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
	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
2.	Transfers to Affiliated/Other Party		
	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	45500.00	172000.00
	(use Schedule E)	0.00	0.00
. •	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
3.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	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
9.	Other Disbursements	0.00	0.00
	L		
).	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
۱.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	46936.63	182441.92
,	Total Federal Disbursements		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	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

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 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Susan E. Boggs Mailing Address 417 9th Ave City Belmar FEC ID number of contributing federal political committee. Name of Employer Dr Clark Receipt For: Primary General Other (specify)	State Zip Code NJ 07719 C Occupation Nurse Aggregate Year-to-Date 390.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A08A7515EEA2345D49 Amount of Each Receipt this Period 290.00
Full Name (Last, First, Middle Initial) Ms. Susan L. Skidmore Mailing Address 6105 9th Rd North City Arlington FEC ID number of contributing federal political committee. Name of Employer The Compucare Company Receipt For: Primary General Other (specify)	State Zip Code VA 22205 C Occupation Nurse Aggregate Year-to-Date ▼ 236.00	Date of Receipt M M M D D D 2007 Transaction ID: AF81C4707A34342418A Amount of Each Receipt this Period 236.00
Full Name (Last, First, Middle Initial) Ms. Barbara E S Ellner Mailing Address 4140 -244 Workman City Whittier FEC ID number of contributing federal political committee. Name of Employer Bartlett Care Center Receipt For: Primary General Other (specify)	Mill Rd State Zip Code CA 90601-5083 C Occupation Nurse Aggregate Year-to-Date ▼ 260.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: A2F067482391F4012A3 Amount of Each Receipt this Period 260.00
SUBTOTAL of Receipts This Page (optional)		786.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 33 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Nurses Association PAC	Statements may not be sold or used by any pers ne name and address of any political committee to	
Full Name (Last, First, Middle Initial) Ms. Mary L. Gillilan Mailing Address 4518 Green Valley D City Jefferson City FEC ID number of contributing federal political committee. Name of Employer Retired	State Zip Code MO 65109-6523 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Retired Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Ms. Ruth D. Piech Mailing Address 6706 Stiller Dr Po Box 462 City Missouri City FEC ID number of contributing federal political committee. Name of Employer MacGregor Medical Assoc Receipt For: Primary General Other (specify)	State Zip Code TX 77459-0462 C Occupation Information Requested Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: ABAB0E307B1174084A Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Ms. Theresa Crawley Mailing Address 14831 N. 44th Place City Phoenix FEC ID number of contributing federal political committee. Name of Employer Dream Catcher Anestesia Receipt For: Primary General Other (specify)	State Zip Code AZ 85032 C Occupation NURSE ANESTHESTICST Aggregate Year-to-Date 400.00	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)		400.00

SCHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Nurses Association PAC	I Statements may not be sold or used by any pe he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary H. Griffith Mailing Address 15251 S. 26th St City Phoenix FEC ID number of contributing federal political committee. Name of Employer E & H Resources, Inc Receipt For: Primary General Other (specify)	State Zip Code AZ 85048-9514 C Occupation Consultant Aggregate Year-to-Date 250.00	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. Barbara E S Ellner Mailing Address 4140 -244 Workman City Whittier FEC ID number of contributing federal political committee. Name of Employer Bartlett Care Center Receipt For: Primary General Other (specify)	State Zip Code CA 90601-5083 C Occupation Nurse Aggregate Year-to-Date 265.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AF6B65DC620824F98 Amount of Each Receipt this Period 5.00
Full Name (Last, First, Middle Initial) Ms. Ellen M Sanders Mailing Address 654 Boca Marina Ct City Boca Raton FEC ID number of contributing federal political committee. Name of Employer Innovative Healfhcare Services, Inc Receipt For: Primary General Other (specify)	State Zip Code FL 33487 C Occupation RN Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A812DF9C5DECE4DC Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		755.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/33 (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 personame and address of any political committee to	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Sara A. 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 500.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Ana M. Valadez Mailing Address 3604 42nd St City Lubbock FEC ID number of contributing federal political committee. Name of Employer Texas Tech Univ. Health Sciences Cente Receipt For: Primary General Other (specify)	State Zip Code TX 79413-3026 C Occupation Professor & Assoc Dean Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Sandra Cotton Mailing Address 33 Chardonnay Dr City Morgantown FEC ID number of contributing federal political committee. Name of Employer West Virginia University Receipt For: Primary General Other (specify)	State Zip Code WV 26508-5225 C Occupation Professor Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 2 1 2 0 0 7 Transaction ID: A7845262C9CF54F63A9 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		740.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one) X 11a 11b 11c 12 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	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Patricia C. Owens Mailing Address Hc 73 Box 70 City Marietta FEC ID number of contributing federal political committee. Name of Employer Mercy Love Co. Rural Health Clinic Receipt For: Primary General Other (specify)	State Zip Code OK 73448-9520 C Occupation Nurse Aggregate Year-to-Date ▼ 425.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A7FF4CCB56E1F45D38 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Ms. Sharon Rainer Mailing Address 221 Union St City Moorestown FEC ID number of contributing federal political committee. Name of Employer NJSNA Receipt For: Primary General Other (specify)	State Zip Code NJ 08057-2339 C Occupation RN Aggregate Year-to-Date 280.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: A1CC13731F5A045DDA Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Ms. Nancy Atkins Mailing Address 1448 Sattes Circle City Nitro FEC ID number of contributing federal political committee. Name of Employer DHHR Receipt For: Primary General Other (specify)	State Zip Code WV 25143-2339 C Occupation Commissioner Bureau Medical Servi Aggregate Year-to-Date 225.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		275.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Nurses Association PAC	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Debra Hatmaker Mailing Address 10 51 Ln Creek Ct City Bishop FEC ID number of contributing federal political committee. Name of Employer GA Nurses Association Receipt For: Primary General Other (specify)	State Zip Code GA 30621-1170 C Occupation Chief Programs Officer Aggregate Year-to-Date 425.00	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) Kathleen A. Ennen Mailing Address 6169 River Sound C City Southport FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code NC 28461-3141 C Occupation RN Aggregate Year-to-Date 1250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: AC2DC9A7A5E4745F598 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Douglas Burns Mailing Address 8104 Bear Creek Dr City Austin FEC ID number of contributing federal political committee. Name of Employer Professional Perioperative Services, P Receipt For: Primary General Other (specify)	State Zip Code TX 78737-4401 C Occupation RN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 5 / 2 4 / 2 0 0 7 Transaction ID: AB1859A54B9CC4B28AB Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	385.00

PAGE 12/33 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Date of Receipt A. Ms. Barbara A. Blakeney Mailing Address 21 Andrea Rd 05 25 2007 City State Zip Code Transaction ID: A44B95DFE8FBE4883AE6 Waltham MA 02453-2801 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer ANA Occupation President Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. Dr. Sara L. Jarrett Date of Receipt Mailing Address 2751 S. Macon Circle 0 5 3 1 2007 City Transaction ID: AB5E4432568EA41FE956 State Zip Code Aurora CO 80014-3027 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Regis University Occupation Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify)

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

	LE A (FEC Form 3X) D RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 33 (check only one) 11a
NAME OF	on copied from such Reports and roial purposes, other than using to COMMITTEE (In Full) In Nurses Association PAC	l Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ms. Susan Mailing Ad City Arlington FEC ID nu federal poli	imber of contributing itical committee. Imployer oucare Company	State VA C Occupation Nurse	Zip Code 22205	Date of Receipt M
Prim Othe	ary General er (specify) ▼ (Last, First, Middle Initial)	riggiogato	-236.00	Date of Receipt
City <u>Belmar</u> FEC ID nu	or:	State NJ C Occupation Nurse Aggregate	Zip Code 07719	Transaction ID: A1AAC939EA384472DBB Amount of Each Receipt this Period -290.00 was mistakenly deposited to PA
Full Name Ms. Barbara Mailing Ad	dress 3520 South Broken S	State	-290.00 Zip Code	Date of Receipt M
Name of E HEALTHO AININ Receipt Fo	imber of contributing itical committee.	Occupation Owner Aggregate	85222 n • Year-to-Date ▼ -100.00	Amount of Each Receipt this Period -100.00 refund corp ck
	of Receipts This Page (optional) Period (last page this line numb		<u> </u>	-626.00

A.

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) 11a 11b 11c 12 13 14 15 X 16] 17
Any information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) American Nurses Association PAC				
Full Name (Last, First, Middle Initial) Ms. Barbara E S Ellner Mailing Address 4140 -244 Workman	Mill Rd		Date of Receipt O 5 O 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: AB1934BABE44246	3AE911
Whittier	CA	90601-5083	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		-260.00	
Name of Employer Bartlett Care Center	Occupation Nurse	n	was mistakenly deposited to PA	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ -260.00		

SUBTOTAL of Receipts This Page (optional)	•	-260.00
TOTAL This Period (last page this line number only)	•	-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) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Nurses Association PAC			
Full Name (Last, First, Middle Initial) Sun Trust Bank			Date of Receipt
Mailing Address PO Box 622227			05 31 2007
City	State	Zip Code	Transaction ID: A29B3FAD352E74A35BEA
Orlando	FL	32862-2227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		319.61
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify)	00 0	Year-to-Date ▼ 941.48	

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

S	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)					NUMBE	ER:			F	PAG	E	16/3	33	
П	FEMIZED DISBURSEMENTS		category of the Summary Page		X	-	_	22 28a	F	23 28	L	24	, F	_	25 29	\sqcup	26 30b
	ny Information copied from such Reports and Stater for commercial purposes, other than using the name																
	NAME OF COMMITTEE (In Full)		, , , ,														
	American Nurses Association PAC																
۷.	Full Name (Last, First, Middle Initial) Bank of America							Tran: Date				BE479	9760)59	D26	6411	BE
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	City Richmond	State VA	Zip Code 23261					Amo	unt c	of E	ach I	Disburs	seme	_		-	_
	Purpose of Disbursement bank fees				•			L.						44	48.8	3	
	Candidate Name				ate Ty	gory/ ce											
	Office Sought: House Disburs Senate President	ement For: Primary Other (sp	General ecify) ▼														
	State: District:		<i>,</i> •														
3.	Full Name (Last, First, Middle Initial) Sun Trust Bank c/oNOVA Regions Bank N	Montgome	ry					Tran: Date				B2641 ment	27F	BC	C51 <i>A</i>	\4F9	F9
	Mailing Address 7300 Chapmans Hwy							o ^M 5	М	/	^D 3	D /	Υ	ž) ŏ 7	, Y	
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	City KNoxville	State TN	Zip Code 37920					Amoi	unt c	of E	ach I	Disburs	seme	ent 1	this F	'erioc	
	Purpose of Disbursement credit card fees			Г			7	L.						16	61.9	1	
	Candidate Name				ate	gory/ oe											
	Senate President	ement For: Primary Other (sp	General ecify) ▼														
_	State: District: Full Name (Last, First, Middle Initial)							Tran	000	ion	ID.	B216E	2200	201	EGE	2//1	- D
•	Sun Trust Bank							Date	of D		urse	ment					ט
	Mailing Address PO Box 622227							0 ^M 5		Ĺ	ັ3	1 ′	<u>.</u>	2 () Ď 7		
	City Orlando	State FL	Zip Code 32862-2227					Amo	unt c	of E	ach I	Disburs	seme	ent t	this F	Perioc	_
	Purpose of Disbursement bank fees			Г		-	7	L.		-				79	90.1	2	
	Candidate Name				ate	gory/ oe											
	Office Sought: House Disburs Senate President	ement For: Primary Other (sp	General ecify) ▼														
_	State: District:		•														
	SUBTOTAL of Disbursements This Page (optional)	<u></u>		····	<u></u>		<u> </u>							40	8.00	6	
[.	TOTAL This Period (last page this line number only)					- ▶						1	140	0.8	6	7
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Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from 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) Peter Stark Re-Election Committee Mailing Address PO Box 8331 City State Zip Code Fremont CA 94537 Purpose of Disbursement Candidate Name Rep. Pete Stark Office Sought: X House President State: CA District: 13 Full Name (Last, First, Middle Initial) Donnelly For Congress Committee Mailing Address 422 C St NE Lower Level City State Zip Code Type Washington DC 20002 Purpose of Disbursement Category/ Category/ Type Office Sought: X House Senate President State Zip Code Date of Disbursement this Period City State Zip Code Date of Disbursement Category/ Type Office Sought: X House Senate President State Zip Code Date of Disbursement Candidate Name Joe Donnelly Office Sought: X House Senate President	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only	NUMBER: (one) 22 X 23 28a 28b	PAGE 17/33 24 25 26 28c 29 30
American Nurses Association PAC Full Name (Last, First, Middle Initial) Peter Stark Re-Election Committee Mailing Address PO Box 8331 City State Zip Code Fremont CA 94537 Purpose of Disbursement Candidate Name President President State: CA District: 13 Full Name (Last, First, Middle Initial) Donnelly For Congress Committee Mailing Address 422 C St NE Lower Level City Washington Disbursement Candidate Name Joe Donnelly Office Sought: X House President State: IN District: 02 Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress Mailing Address 200 N Main St City State: IN District: 02 Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress Mailing Address 200 N Main St City State: IN District: 02 Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress Mailing Address 200 N Main St City State Zip Code IN 47960 Monticollo IN 47960 Purpose of Disbursement Candidate Name Joe Bonate President District: 02 Amount of Each Disbursement this Period Transaction ID: B86AA3DD8A9B4F4E Date of Disbursement this Period Amount of Each Disbursement Intition Date of Date of Disbursement Intition Date of Date of Disbursement Intition Date of Disbursement Intition Date of Date of Date of Date of Disbursement Intition Date of D			ed by any person f	or the purpose of solicit	ing contributions
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<u>/</u>	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER									.5495428D
	Mailing Address PO Box 75103					0 ^M 5	of Disbur			0 0 7 Y
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	Mailing Address 2501 Wisconsin Ave #30)4				0 5	M / D	17	ž	O O O
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 19/33
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American Nurses Association PAC			
Full Name (Last, First, Middle Initial) NITA LOWEY FOR CONGRESS			Transaction ID: BEE8FF1C51C1F458: Date of Disbursement
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	Mailing Address 499 S Capitol St SW Ste 412					o ^M 5	M / D	14	y žo	Ŏ 7 Y
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	Full Name (Last, First, Middle Initial) JESSE L JACKSON JR FOR CONG	RES						ID: B2		700745	5D44D0
	Mailing Address PO Box 490286					0 ^M 5	M /	^D 2 5	/ Y	ž 0 0	7 ^Y
	City Chicago	State IL	Zip Code 60649			Amou	nt of E	ach Disl	bursen	ent this	Period
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	American Nurses Association PAC									
	Full Name (Last, First, Middle Initial) Betty Sutton For Congress								F33CA0	CB1544D
	Mailing Address 1700 W Market St #155					0 5	of Disbur		y y o	0 7 Y
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	Lucille Roybal-Allard for Congress					Date	of Disbur	sement		2A74C62
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	City Kensington	State Zip Code MD 20895				Amou	unt of Eac	h Disbu	rsement t	his Period
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	NAME OF COMMITTEE (In Full) American Nurses Association PAC			
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	Rep. Bill J. Pascrell, Jr. Office Sought: X House Disb	irsement For: 2008	Туре	
	Senate President State: NJ District: 08	X Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) PELOSI FOR CONGRESS			Transaction ID: BDD3517591B894AEE9
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	City San Fransisco	State Zip Code CA 94104		Amount of Each Disbursement this Period
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	Candidate Name Rep. Nancy Pelosi		Category/ Type	
	Office Sought: X House Disbusion Senate President	xx Primary General Other (specify)		
	State: CA District: 08 Full Name (Last, First, Middle Initial)			
	Patrick Murphy For Congress			Transaction ID: BC84F0C09700848DA99 Date of Disbursement
	Mailing Address PO Box 868			$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Levittown	State Zip Code PA 19058		Amount of Each Disbursement this Period
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	Candidate Name Patrick J. Murphy		Category/ Type	
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<u></u>	Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS			Date of Disbursement	2C827F3E3644DF8 t
	Mailing Address 320 Kenarden Dr			05 03	Ž O O T
	City Highland Heights	State Zip Code OH 44143		Amount of Each Disb	ursement this Period
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	State: OH District: 14 Full Name (Last, First, Middle Initial) Van Hollen for Congress			Transaction ID: BC7 Date of Disbursement	7E600C50653460D8
	Mailing Address 10537 St Paul St			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix}$	^Y ^Y ^Y ^Y ^Y ^Y
	City Kensington	State Zip Code MD 20895		Amount of Each Disb	
	Purpose of Disbursement				1000.00
	Candidate Name Rep. Chris Van Hollen, Jr.		Category/ Type		
		ement For: 2008 Primary General Other (specify)			
	Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY			Date of Disbursement	34E1F174A8843FC8
	Mailing Address 151 Linden Rd			05 7 30	Ž O O T
	City Mineola	State Zip Code NY 11501		Amount of Each Disb	
	Purpose of Disbursement				1500.00
	Candidate Name Rep. Carolyn McCarthy		Category/ Type		
	Senate President	ement For: 2008 Primary General Other (specify)			
Г	State: NY District: 04 UBTOTAL of Disbursements This Page (optional				3500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (che			OR LINE NUMBER:				PAGE 25/33		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23		24 28c		25 29	2 3
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	and address of any political	u Com	THILLEGE TO S	SOIICIL COITL	HOULION	S ITOITI :	Sucirio	OHIIII	llee	
American Nurses Association PAC										
Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS					saction of Disb			31598	339F	4B49
Mailing Address PO BOx 14631				0 ^M 5	M /	0 2	/ Y	ž (ŏ7	Y
•	State Zip Code KS 66285			Amou	unt of E	ach Dis	burser	-		-
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Candidate Name Rep. Dennis W. Moore			tegory/ ype							
Senate X President	ement For: 2008 Primary General Other (specify)									
State: KS District: 03										
Full Name (Last, First, Middle Initial) - Allyson Schwartz For Congress				Date	saction of Disb	urseme				
Mailing Address PO Box 2232				0 ^M 5	M /	^D 3 0	/ Y	ž) Ď 7	Y
	State Zip Code PA 19046			Amou	unt of E	ach Dis	burser	ment t	his Pe	eriod
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Candidate Name Rep. Allyson Y. Schwartz			tegory/ ype							
X X	ement For: 2008 Primary General Other (specify)									
Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMP.	AIGN				saction of Disb			82C	F940	4 A 01
Mailing Address PO Box 16128				0 ^M 5	M /	25	/ Y	ž	ŏ7	Y
	State Zip Code DC 77222			Amou	unt of E	ach Dis	burser	ment t	his Pe	eriod
Purpose of Disbursement								100	00.00	
Candidate Name Rep. Gene Green			tegory/ ype							
Senate X President	ement For: 2008 Primary General Other (specify)	•								
State: TX District: 29										
SUBTOTAL of Disbursements This Page (optional) .			▶					300	0.00	
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CHEDULE B (FEC FUII	′ Use sep	arate schedule(s)	(check only	NUMBER: PAGE 26/33 one)
TEMIZED DISBURSEME	Detailed	category of the Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
				or the purpose of soliciting contributions licit contributions from such committee
NAME OF COMMITTEE (In Full) American Nurses Association	PAC			
Full Name (Last, First, Middle Initial Charlie Dent For Congress				Transaction ID: B65D1D648E5D649E5 Date of Disbursement
Mailing Address PO Box 442				$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Allentown	State PA	Zip Code 18105		Amount of Each Disbursement this Period
Purpose of Disbursement				1000.00
Candidate Name Rep. Charles W. Dent			Category/ Type	
Office Sought: X House Senate President	Disbursement For: X Primary Other (sp.	2008 General		
State: PA District: 15				
Full Name (Last, First, Middle Initial Friends Of Mazie Hirono)			Transaction ID: B1CE53C7D7C9C4F1
Mailing Address PO Box 677				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} $
City Honolulu	State HI	Zip Code 96809		Amount of Each Disbursement this Period
Purpose of Disbursement			· · ·	1000.00
Candidate Name Mazie K. Hirono			Category/ Type	
Office Sought: X House Senate President	Disbursement For: X Primary Other (spr	2008 General		
State: HI District: 02 Full Name (Last, First, Middle Initial)			Transaction ID: BCACE687515864E25
Charlie Melancon Campaign C	Comm			Date of Disbursement
Mailing Address 499 S Capito	ol St SW Ste 412			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Period
Purpose of Disbursement			•	1000.00
Candidate Name Rep. Charlie R. Melancon			Category/ Type	
Office Sought: X House Senate President	Disbursement For: X Primary Other (spr	2008 General		
State: LA District: 03		•••		

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		SBURSEMENT		Detailed	category of the Summary Page		21b 27		22 28a	X 23 28b		3c	25 29	26
		ed from such Reports a rooses, other than using												5
\ NA	AME OF COM	MITTEE (In Full) ses Association PAC			7,									
	ıll Name (Last, ichaud for C	First, Middle Initial) ongress								action I	D: BE26	31412	PFC1A	84BD0
Ma	ailing Address	213 Lisbon St							0 ^M 5	M / [17	Y	ž 0 ŏ 7	7 ^Y
Cit	ty ewiston			tate ⁄IE	Zip Code 04240			<i>A</i>	Amou	nt of Ea	ch Disbu			
Pu	irpose of Disbu	ırsement							-				1000.0	U
	andidate Name ep. Michael I	H. Michaud					ategory/ Type							
Of	fice Sought:	X House Senate President		nent For: Primary Other (spe	2008 General ecify) ▼									
	ate: ME	District: 02												
	, .	First, Middle Initial) TO RE-ELECT ED 1	TOWNS							action I of Disbu	D: B5BE sement	9ED	68E13	D459E
Ma	ailing Address	438 Lewis A						[o ^M 5	M / [03	Υ	ž 0 ŏ 7	7 ^Y
Cit Br	ty rooklyn			tate IY	Zip Code 11233			-	Amou	nt of Ead	ch Disbu	rseme	nt this F	Period
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	andidate Name ep. Edolphus	Towns					ategory/ Type							
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Ma	ailing Address	PO Box 14131							0 5	M / [30	Ľ.	ž o ŏ 7	7 ^Y
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Pu	irpose of Disbu	irsement				Г	•						1000.0	0
	andidate Name ep. Betty Mo	Collum					ategory/ Type							
Of	fice Sought:	X House Senate President		nent For: Primary Other (spe	2008 General									
Sta	ate: MN	District: 04		- (= 0	<i>→</i>									

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 28 / 3:			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 2 28c 29 3		
Any Information copied from such Reports and States or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) American Nurses Association PAC						
Full Name (Last, First, Middle Initial) Tom Allen for Congress			Date of Disburseme			
Mailing Address PO Box 17766			05 08	y žoý7 ^Y		
City Portland	State Zip Code ME 04112		Amount of Each Di	sbursement this Period		
Purpose of Disbursement lost orignial check, reissued, but found				-1000.00		
Candidate Name Rep. Tom H. Allen		Category/ Type				
1 -	ement For: 2008 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) FRIENDS OF SAM FARR			Date of Disburseme			
Mailing Address 555 Capitol Mall Ste 142	25		$0^{M}5^{M}$ / $0^{M}3^{M}$	['] 2007		
City Sacremento	State Zip Code CA 95814		Amount of Each Di	sbursement this Period		
Purpose of Disbursement				1000.00		
Candidate Name Rep. Sam Farr		Category/ Type				
	ement For: 2008 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS			Transaction ID: Bo	097F28363A0A4772 ent		
Mailing Address PO box 261060			05 7 30	['] 2007 [']		
City Los Angeles	State Zip Code CA 90026		Amount of Each Di	sbursement this Period		
Purpose of Disbursement				1000.00		
Candidate Name Rep. Xavier Becerra		Category/ Type				
Senate X	ement For: 2008 Primary General Other (specify)					
State: CA District: 31						
SUBTOTAL of Disbursements This Page (optional)				1000.00		
TOTAL This Period (last page this line number only E6AN026	'))	FEC Schodulo F	3 (Form 3X) (Revised 0		

TEMIZED DISBURSEMENTS	Use separate sch for each category	of the (FOR LINE N	one)	PAGE 29/33
	Detailed Summar		21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
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NAME OF COMMITTEE (In Full) American Nurses Association PAC					
Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS					BB119EF4FBDD6419A
Mailing Address 462 California Rd				Date of Disburse	2 0 0 7
	State Zin Co	nda .		Assessment of Foods	
City Bronxville	State Zip Co NY 1070			Amount of Each	Disbursement this Period
Purpose of Disbursement					1000.00
Candidate Name Rep. Eliot L. Engel			Category/ Type		
Senate President		008 General			
State: NY District: 17 Full Name (Last, First, Middle Initial)				Transaction ID:	BFD8A74CB266C4D98
Berkley For Congress				Date of Disburse	
Mailing Address 3069 Conquista Ct				05 / 2	5 2007
City Las Vegas	State Zip Co NV 8912			Amount of Each	Disbursement this Period
Purpose of Disbursement			•		1000.00
Candidate Name Rep. Shelley Berkley			Category/ Type		
· —		008 General			
State: NV District: 01					
Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress				Date of Disburse	
Mailing Address 38 Ivy St SE				05 1	7 2007
City Washington	State Zip Co			Amount of Each	Disbursement this Period
Purpose of Disbursement			• •		1000.00
Candidate Name Rep. John W. Olver			Category/ Type		
Senate	(Primary (008 General			
State: MA District: 01	Other (specify)				
OUDTOTAL (CD)			_		3000.00
SUBTOTAL of Disbursements This Page (optional			<u> </u>		3000.00

IT	CHEDULE B (FEC Form :	′ Use sepa	arate schedule(s)	FOR LINE (check only		PAGE 30/33
•••	EMIZED DISBURSEMEN	tor each Detailed	category of the Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
	ny Information copied from such Reports a for commercial purposes, other than usin					
\rangle	NAME OF COMMITTEE (In Full) American Nurses Association PA	0				
	Full Name (Last, First, Middle Initial) Courtney for Congress				Transaction ID: E	BC18562BA471B43789
	Mailing Address 38 Risley Rd				0 5 0 3 0	
	City Vernon	State CT	Zip Code 06066		Amount of Each D	isbursement this Period
	Purpose of Disbursement					1000.00
	Candidate Name Rep. Joe Courtney			Category/ Type		
	Office Sought: X House Senate President	Disbursement For: X Primary Other (spe	2008 General			
	State: CT District: 02 Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONG	RESSIONAL COm	mittee		Transaction ID: E	31E6C071AB28B4CF
	Mailing Address 320 1st St SE				0 5 M / D 1 5	
	City Washington	State DC	Zip Code 20003		Amount of Each D	isbursement this Period
	Purpose of Disbursement check was voided because it was lost in					-15000.00
	Candidate Name			Category/ Type		
	Office Sought: House Senate President State: District:	Disbursement For: X Primary Other (spe	2008 General ecify) ▼			
	Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalvatee	a Congressional Co	ommit-		Transaction ID: E	BF0E2DA6B9B644272 nent
					05 30	2007
	Mailing Address PO Box 1242				0.5	2007
		State AZ	Zip Code 85702			isbursement this Period
	Mailing Address PO Box 1242 City					
	Mailing Address PO Box 1242 City Tucson			Category/ Type		isbursement this Period
	Mailing Address PO Box 1242 City Tucson Purpose of Disbursement Candidate Name		2008 General			isbursement this Period

	EMIZED DISBURSEMENT	for each	arate schedule(s) category of the	(check or	<u> </u>	PAGE 31/33 24
			Summary Page	27	28a 28b	28c 29 30k
	r Information copied from such Reports a or commercial purposes, other than using					
\rangle	NAME OF COMMITTEE (In Full) American Nurses Association PAC	·	,,			
	Full Name (Last, First, Middle Initial) Friends Of Phil Hare				Transaction ID: B1 Date of Disburseme	1918B16F5BF404B9
	Mailing Address 499 S Capitol St	Sw			05	2007
	City Washington	State DC	Zip Code 20003		Amount of Each Dis	bursement this Period
	Purpose of Disbursement Candidate Name					1000.00
	Phil Hare	Disbursement For:	2008	Category/ Type		
	Senate President	X Primary Other (spe	General			
	State: IL District: 17 Full Name (Last, First, Middle Initial) FRIENDS OF MAURICE HINCHE	Y			Transaction ID: BD Date of Disburseme	0A527CA8DB034261
	Mailing Address PO Box 4497				05 B 30	['] 2007 [']
	City Kingston	State NY	Zip Code 12402		Amount of Each Dis	bursement this Period
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	Kingston Purpose of Disbursement Candidate Name Rep. Maurice D. Hinchey			Category/ Type	Amount of Each Dis	
	Kingston Purpose of Disbursement Candidate Name Rep. Maurice D. Hinchey Office Sought: X House Senate President		2008 General		Amount of Each Dis	
	Kingston Purpose of Disbursement Candidate Name Rep. Maurice D. Hinchey Office Sought: X House Senate	NY Disbursement For: X Primary	2008 General		Transaction ID: BE Date of Disburseme	1000.00 05EBD55A26734FCF
	Kingston Purpose of Disbursement Candidate Name Rep. Maurice D. Hinchey Office Sought: X House Senate President State: NY District: 22 Full Name (Last, First, Middle Initial)	NY Disbursement For: X Primary	2008 General		Transaction ID: BD	1000.00 05EBD55A26734FCF
	Kingston Purpose of Disbursement Candidate Name Rep. Maurice D. Hinchey Office Sought: X House Senate President State: NY District: 22 Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS	NY Disbursement For: X Primary	2008 General		Transaction ID: BE Date of Disburseme	1000.00 05EBD55A26734FCFint / Y Y Y O Y 7 bursement this Period
	Kingston Purpose of Disbursement Candidate Name Rep. Maurice D. Hinchey Office Sought: X House Senate President State: NY District: 22 Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS Mailing Address PO Box 750176 City Petaluma Purpose of Disbursement	Disbursement For: X Primary Other (spe	2008 General ecify) Zip Code	Type	Transaction ID: BE Date of Disburseme	1000.00 05EBD55A26734FCF nt /
	Kingston Purpose of Disbursement Candidate Name Rep. Maurice D. Hinchey Office Sought: X House Senate President State: NY District: 22 Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS Mailing Address PO Box 750176 City Petaluma Purpose of Disbursement Candidate Name Rep. Lynn C. Woolsey	Disbursement For: X Primary Other (spe	2008		Transaction ID: BE Date of Disburseme	1000.00 05EBD55A26734FCF int / Y Y Y O Y 7 bursement this Period
	Kingston Purpose of Disbursement Candidate Name Rep. Maurice D. Hinchey Office Sought: X House Senate President State: NY District: 22 Full Name (Last, First, Middle Initial) WOOLSEY FOR CONGRESS Mailing Address PO Box 750176 City Petaluma Purpose of Disbursement Candidate Name	Disbursement For: X Primary Other (spe	2008 General ecify) Zip Code 94975 2008 General	Type Category/	Transaction ID: BE Date of Disburseme	1000.00 05EBD55A26734FCF int / Y Y Y O Y O T bursement this Period

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Nurses Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: BDC13C056CA144A6
Carney For Congress			Date of Disbursement
Mailing Address PO Box A			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & G & D \\ O & G & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix} $
City Clarks Summit	State Zip Code PA 18411		Amount of Each Disbursement this Period
Purpose of Disbursement	10411		1000.00
Candidate Name Christopher P. Carney		Category/ Type	
9 2	sement For: 2008		
Senate President	X Primary General Other (specify) ▼		
State: PA District: 10	(- /)		
Full Name (Last, First, Middle Initial)			Transaction ID: BA335AF451E344463
Tim Johnson For South Dakota			Date of Disbursement
Mailing Address PO Box 1859			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$
City Sioux Falls	State Zip Code SD 57101		Amount of Each Disbursement this Period
Purpose of Disbursement	30 37101		1000.00
Candidate Name Sen. Tim Johnson	I	Category/	
	sement For: 2008	Туре	
x Senate	X Primary General		
President State: SD District:	Other (specify)		
Full Name (Last, First, Middle Initial) Friends Of John Barrow			Transaction ID: BCD415A4730A14E3
Friends Of John Barrow			Date of Disbursement
Mailing Address PO Box 8166			$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Savannah	State Zip Code GA 31412		Amount of Each Disbursement this Period
Purpose of Disbursement	J		1000.00
Condidate New -		0.11	
Candidate Name Rep. John Barrow		Category/ Type	
X	sement For: 2008 X Primary General Other (specify)		
State: GA District: 12	Other (Specify)		
			2000.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Lice congrate conedula(c)	FOR LINE NUMBER: check only one) 21b 22 X 23 27 28a 28b	PAGE 33 / 33 24
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NAME OF COMMITTEE (In Full) American Nurses Association PAC			
Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel Mailing Address PO Box 101124		Transaction ID: Bt Date of Disbursem	
City Chicago Purpose of Disbursement Candidate Name Rep. Rahm Emanuel	• • • • • • • • • • • • • • • • • • •	egory/	1000.00
Office Sought: X House Disburse	ement For: 2008 Primary General Other (specify)	ype	

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