

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Nurses Association PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		68149.75
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	87636.64									
(c) Total Receipts (from Line 19)	25024.86	72919.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	112661.50	141069.70								
7. Total Disbursements (from Line 31)	89112.32	117520.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23549.18	23549.18								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	620.00	7170.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	24400.69	65737.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25020.69	72907.93
(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)	25020.69	72907.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4.17	12.02
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))	25024.86	72919.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25024.86	72919.95

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.....	2562.32	7470.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2562.32	7470.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	86500.00	110000.00
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	50.00	50.00
(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))	50.00	50.00
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))..	89112.32	117520.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89112.32	117520.52

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)	25020.69	72907.93
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24970.69	72857.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2562.32	7470.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2562.32	7470.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34
(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

<p>A. Full Name (Last, First, Middle Initial) Lisa A. Campbell</p> <p>Mailing Address 213 Woodlands Ln</p> <p>City State Zip Code Victoria TX 77904-3343</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cardiovascular Associate Occupation RN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 03 / 02 / 2009</p> <p>Transaction ID: A6894C23368A54478B88</p> <p>Amount of Each Receipt this Period 120.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Sara L Jarrett</p> <p>Mailing Address 2751 S. Macon Circle</p> <p>City State Zip Code Aurora CO 80014-3027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Regis University Occupation Associate Professor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 03 / 16 / 2009</p> <p>Transaction ID: AD50837EDD6FD48E6BD8</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Ms. Susan E. King</p> <p>Mailing Address 4712 SW Flower Ct</p> <p>City State Zip Code Portland OR 97221-2928</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer OR Nurses Association Occupation RN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 03 / 26 / 2009</p> <p>Transaction ID: ACF7ADDA9B5D7455FA7F</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	620.00
TOTAL This Period (last page this line number only)	620.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Merchant Services <hr/> Mailing Address PO Box 2485 <hr/> City Spokane State WA Zip Code 99210-2485 <hr/> Purpose of Disbursement credit card and online lockbox fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7AD17422498F4498909 Date of Disbursement MM / DD / YYYY 03 / 31 / 2009
	Amount of Each Disbursement this Period 197.88
	<input type="text"/>
	<input type="text"/>
B. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 27025 <hr/> City Richmond State VA Zip Code 23261 <hr/> Purpose of Disbursement bank fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3F5D75268580415F8A4 Date of Disbursement MM / DD / YYYY 03 / 31 / 2009
	Amount of Each Disbursement this Period 2364.44
	<input type="text"/>
	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional) ►

2562.32

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

2562.32

**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) A Lot of People for Dave Obey <hr/> Mailing Address PO Box 1322 <hr/> City Wausau State WI Zip Code 54402-1322 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dave R. Obey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B21FA88D66660444A877 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <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 <hr/> 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 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8DE872417F9A413CAC9 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS <hr/> Mailing Address PO box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Xavier Becerra <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD845C51C32194C459F4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <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)
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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) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Ct</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7F1103F919FA49C0BAE</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 NE Holladay Ste 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B96704FDC5FA2483796D</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Leonard L. Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1AF6930D4B414327855</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3000.00</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) 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAABE1E0659E64F8EA1E</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 04 / <input type="text"/> 2009</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER</p> <p>Mailing Address PO Box 75103</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B75EDE509122742ED860</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 04 / <input type="text"/> 2009</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address PO Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5B3808D1078947D89A5</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 04 / <input type="text"/> 2009</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) Clarke for Congress</p> <p>Mailing Address 111-36 200th St</p> <p>City Hollis State NY Zip Code 11412</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Yvette D. Clarke Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD38F4562208E4F20B32</p> <p>Date of Disbursement MM / DD / YYYY 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p>B. 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 <input type="text"/></p> <p>Candidate Name Rep. Joe Courtney Category/Type <input type="text"/></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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B51AB88E488B84C64999</p> <p>Date of Disbursement MM / DD / YYYY 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Dan10</p> <p>Mailing Address 1088 Bishop St Ste 1009</p> <p>City Honolulu State HI Zip Code 96813</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Daniel K. Inouye Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE684CF710B0F4D8F907</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 12 / 34

<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) DAVE CAMP FOR CONGRESS</p> <p>Mailing Address 2501 Wisconsin Ave #304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dave Camp Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p>Transaction ID: BAF0AA6CFD0B5432BBC5</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) DAVIS FOR CONGRESS</p> <p>Mailing Address PO Box 2842</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Danny K. Davis Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 07</p>	<p>Transaction ID: B965786F71A504EA5A12</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress</p> <p>Mailing Address PO Box 71147</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Debbie Wasserman Schultz Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 20</p>	<p>Transaction ID: B1639F942C84E4CD8BED</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

Use separate schedule(s)
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) DIANA DEGETTE FOR CONGRESS <hr/> Mailing Address PO Box 61337 <hr/> City Denver State CO Zip Code 80206 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Diana L. DeGette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2A35220070D34D0E806 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Doggett for Congress <hr/> Mailing Address 1157 San Bernard <hr/> City Austin State TX Zip Code 78702 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lloyd Doggett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCCDD97165EDE43B7AE5 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS <hr/> Mailing Address PO Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDA82D027EE544F21B5E Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <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)

<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) EDDIE BERNICE JOHNSON</p> <p>Mailing Address 3102 Maple Ave Ste 605</p> <p>City Dallas State TX Zip Code 75201</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Eddie Bernice Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCEC6154C223C4837927</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type <input type="text"/></p>
<p>B. Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89123</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Harry M. Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBDFCEFF9AAC44747988</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type <input type="text"/></p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3CBF9573AC5243FE8B8</p> <p>Date of Disbursement 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type <input type="text"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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 Byron Dorgan</p> <p>Mailing Address 426 C St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Byron L. Dorgan Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B503128E02AD14E5088A</p> <p>Date of Disbursement MM / DD / YYYY 03 / 18 / 2009</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 Dave Reichert</p> <p>Mailing Address PO Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dave Reichert Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCD83D8B969B04C42809</p> <p>Date of Disbursement MM / DD / YYYY 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN</p> <p>Mailing Address PO Box 1949</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Dick J. Durbin Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BEDB3F304876A494285D</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John Barrow Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE56EECCA042E4447A78</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9</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 JOHN CONYERS</p> <p>Mailing Address 5 Rosecraft Dr</p> <p>City Fredricksberg State VA Zip Code 22407</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John Conyers, Jr. Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B262A4157C96C44A091A</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9</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 LOIS CAPPS</p> <p>Mailing Address PO BOX 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Lois Capps Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4339002868D541E5932</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Friends of Max Baucus <hr/> Mailing Address PO Box 586 <hr/> City Helene State MT Zip Code 59624 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Max S. Baucus <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2BD019603EE2476FB4A Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Patrick Kennedy <hr/> Mailing Address PO Box 321 <hr/> City Pawtucket State RI Zip Code 02860 <hr/> Purpose of Disbursement void check <hr/> Candidate Name Rep. Patrick J. Kennedy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5AC7FFFA3B1540CEA0F Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Patrick Kennedy <hr/> Mailing Address PO Box 321 <hr/> City Pawtucket State RI Zip Code 02860 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Patrick J. Kennedy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9E47C64A3E8C43AA956 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<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 void check</p> <p>Candidate Name Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD105C9E428784A3295B</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. 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</p> <p>Candidate Name Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9008E19E1CB94A4D8A3</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO COMMIT</p> <p>Mailing Address 12 Trumbull St</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B70E74CA4AE8940C19B0</p> <p>Date of Disbursement 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Ste 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement void check</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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0F62E6BC9DA045AE8AC</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Ste 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Sherrod C. Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7CF6E190D6BE44AF8FB</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Ste 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Sherrod C. Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA8DB0362207F4164890</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

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)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Ste 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Sherrod C. Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B40286055BCEE467795F</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Gillibrand for Senate</p> <p>Mailing Address PO Bx 15734</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Kristen Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8BB9229A34804615B89</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE</p> <p>Mailing Address PO Box 100</p> <p>City Des Moines State IA Zip Code 50304-unde</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Chuck E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BED7C28CD0C1041898A0</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS COMMITTEE</p> <p>Mailing Address 7095 Malcolm Rd Ste 102</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B02329AEB274F4401847</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Jeff Merkley for Senate</p> <p>Mailing Address 888 16th St NW Ste 570A</p> <p>City Washington State DC Zip Code 20006-4112</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Jeff Merkley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB6E532F2073C4BB9A6C</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Commi</p> <p>Mailing Address 1533 Johnnys Way</p> <p>City West Chester State PA Zip Code 19382</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Jim W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7C7B20BC3530494598D</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) John D Dingell for Congress Committee	Transaction ID: B7C95CB6CA72D4603997
	Mailing Address 607 14th St NW Ste 800	Date of Disbursement MM / DD / YYYY 03 / 18 / 2009
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. John D. Dingell	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 15	

B.	Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS COMMITTEE	Transaction ID: B133C34132B214A16BA1
	Mailing Address PO Box 2323	Date of Disbursement MM / DD / YYYY 03 / 04 / 2009
	City Atlanta State GA Zip Code 30301	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. John Lewis	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 05	

C.	Full Name (Last, First, Middle Initial) John Spratt for Congress	Transaction ID: BDB692BE4E3464514938
	Mailing Address PO Box 830	Date of Disbursement MM / DD / YYYY 03 / 04 / 2009
	City York State SC Zip Code 29745	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. John M. Spratt, Jr.	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: SC District: 05	

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) Kathy Dahlkemper for Congress	Transaction ID: B452B28C339A244D3ACD
	Mailing Address PO Box 1045	Date of Disbursement 03 / 04 / 2009
	City Erie State PA Zip Code 16512	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Kathy Dahlkemper	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KAY GRANGER CAMPAIGN FUND	Transaction ID: B252E13E3D1E3471F8FB
	Mailing Address 901 N Washinton St Ste102	Date of Disbursement 03 / 04 / 2009
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Kay Granger	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kirk For Congress	Transaction ID: B74C14DE7B43C4840A31
	Mailing Address PO Box 101124	Date of Disbursement 03 / 04 / 2009
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Mark Steven Kirk	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <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)

<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) Klein For Congress</p> <p>Mailing Address 10 GSt NE Ste 470</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Ron Klein Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 22</p>	<p>Transaction ID: B901E9CAC64C74416B8C Date of Disbursement: 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kurt Schrader for Congress</p> <p>Mailing Address 307 N Main St Ste 240</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Kurt Schrader Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 05</p>	<p>Transaction ID: B159EEF29D52C4CD6831 Date of Disbursement: 03 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Larry Kissell for Congress</p> <p>Mailing Address PO Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Hon. Larry Kissell Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08</p>	<p>Transaction ID: BDA4B3A2D213C4D87AF4 Date of Disbursement: 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

<p>A. Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BFA6E112E6564460C98C</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 18 / <input type="text"/> 2009</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p>B. 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9688408493E54721A01</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 04 / <input type="text"/> 2009</p> <p>Amount of Each Disbursement this Period <input type="text"/> 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Lisa Murkowski - U S Senate</p> <p>Mailing Address PO Box 100847</p> <p>City Anchorage State AL Zip Code 99510</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Lisa Murkowski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BED8D8619121B446EA8D</p> <p>Date of Disbursement <input type="text"/> 03 / <input type="text"/> 18 / <input type="text"/> 2009</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>

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)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS <hr/> Mailing Address 1707 Prince St #5 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Frank A. LoBiondo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4C0A48B1896341A18D8 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Loesack for Congress <hr/> Mailing Address PO Box 1457 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dave Loesack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B90F5F32312124E329AC Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress <hr/> Mailing Address PO Box 582 <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Lucille Roybal-Allard <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B49576052F3384BE193A Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <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)

<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) Matsui For Congress</p> <p>Mailing Address PO Box 1738 undefined</p> <p>City Sacramento State CA Zip Code 95812-1738</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Doris Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2EB45D9CBD8F4C05A7D</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Matsui For Congress</p> <p>Mailing Address PO Box 1738 undefined</p> <p>City Sacramento State CA Zip Code 95812-1738</p> <p>Purpose of Disbursement void check</p> <p>Candidate Name Rep. Doris Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B13867E9FE61D4AD3A28</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) McNerney for Congress</p> <p>Mailing Address 5429 Madison Ave</p> <p>City Sacramento State CA Zip Code 95840</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B09312E1CD82E435D9E8</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Mike Ross For Congress <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Mike A. Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC814F43EBB8445ECA15 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE <hr/> Mailing Address PO Box 13147 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Barbara A. Mikulski <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4A1C9C62424D454CAE8 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Minnick for Congress <hr/> Mailing Address PO Box 636 <hr/> City Annandale State VA Zip Code 22003 <hr/> Purpose of Disbursement <hr/> Candidate Name Walter Minnick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B82B1F9E39F6A46C49A4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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) PEOPLE FOR PATTY MURRAY <hr/> Mailing Address 1602 Belle View Blvd #510 <hr/> City Alexandria State VA Zip Code 22307-6531 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEF804D1C20144A10A9D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Perlmutter For Congress <hr/> Mailing Address 3440 Youngsfield St #264 <hr/> City Wheat Ridge State CO Zip Code 80033 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Ed Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1C9AD2FABCAB41F49F1 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Peter Stark Re-Election Committee <hr/> Mailing Address PO Box 8331 <hr/> City Fremont State CA Zip Code 94537 Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Pete Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B15C2290D0E094571B9F Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Peter Stark Re-Election Committee <hr/> Mailing Address PO Box 8331 <hr/> City State Zip Code Fremont CA 94537 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Pete Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF65AFEB6A1045FDA74 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Rangel for Congress <hr/> Mailing Address PO Box 5577 Manhattanville Station <hr/> City State Zip Code New York NY 10027 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Charles B. Rangel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1064D56317B447AABF9 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
C. Full Name (Last, First, Middle Initial) Schakowsky for Congress <hr/> Mailing Address PO Box 5130 <hr/> City State Zip Code Evanston IL 60204 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jan D. Schakowsky <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1562ED858F29466F912 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3500.00
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 32 / 34

<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.</p> <p>Full Name (Last, First, Middle Initial) Schauer for Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016-0100</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Mark Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 07</p>	<p>Transaction ID: B48727452110B40FDA7E</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress</p> <p>Mailing Address PO BOx 696</p> <p>City Madison State WI Zip Code 53701</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Tammy Baldwin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 02</p>	<p>Transaction ID: B9847B6FF24404001A41</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Tim Walz For Congress</p> <p>Mailing Address PO Box 938</p> <p>City Mankato State MN Zip Code 56002</p> <p>Purpose of Disbursement voided check</p> <p>Candidate Name Timothy J. Walz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 01</p>	<p>Transaction ID: B1618F30A26694765848</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A. Full Name (Last, First, Middle Initial) Tim Walz For Congress <hr/> Mailing Address PO Box 938 <hr/> City Mankato State MN Zip Code 56002 <hr/> Purpose of Disbursement <hr/> Candidate Name Timothy J. Walz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B90E0F2000F2D48908AB Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wexler for Congress <hr/> Mailing Address 2500 N Military Trail Ste 251 <hr/> City Boca Raton State FL Zip Code 33431-6320 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Robert Wexler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA672A39C062642B08D4 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Zack Space For Congress <hr/> Mailing Address 714 N Wooster Ave <hr/> City Dover State OH Zip Code 44622 <hr/> Purpose of Disbursement <hr/> Candidate Name Zachary T. Space <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B89FCE0E0B3B04081B62 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <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) ►

86500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Marilyn Scott	Transaction ID: B8571642F214E42B0950
	Mailing Address PO Box 1504	Date of Disbursement MM / DD / YYYY 03 / 09 / 2009
	City Lander State WY Zip Code 82520-1504	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement refund PAC donation	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

50.00

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

50.00