



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		209224.16
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	190050.95									
(c) Total Receipts (from Line 19) .....	28544.14	286375.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	218595.09	495599.36								
7. Total Disbursements (from Line 31) .....	39054.30	316058.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	179540.79	179540.79								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Nurses Association PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	3652.50	43572.50
(i) Itemized (use Schedule A) .....	24840.93	242084.05
(ii) Unitemized .....	28493.43	285656.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28493.43	285656.55
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.) .....	50.71	718.65
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)) .....	28544.14	286375.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28544.14	286375.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2529.30	18989.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2529.30	18989.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	283111.90
24. Independent Expenditure (use Schedule E) .....	0.00	13882.04
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 .....	25.00	75.00
(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)) .....	25.00	75.00
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))..	39054.30	316058.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39054.30	316058.57

**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) .....	28493.43	285656.55
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	75.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28468.43	285581.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2529.30	18989.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2529.30	18989.63

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Rebecca Hilgen Bryan		Date of Receipt
	Mailing Address 124 W. Summit Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 01 / 2008
	City	State	Zip Code
	Haddonfield	NJ	08033-3318
	FEC ID number of contributing federal political committee.		Transaction ID: A45B73AE0C9984D13A84
		Amount of Each Receipt this Period	<input type="text"/> 75.00
Name of Employer Wolfe-Simon Medical Associates, P.A.		Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Rose I. Gonzalez		Date of Receipt
	Mailing Address 3318 Cullers Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 02 / 2008
	City	State	Zip Code
	Woodbridge	VA	22192-1085
	FEC ID number of contributing federal political committee.		Transaction ID: ABEFBD09E509A4887910
		Amount of Each Receipt this Period	<input type="text"/> 25.00
Name of Employer ANA		Occupation Director of Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Donna Marie Nickitas		Date of Receipt
	Mailing Address 15 Center Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 07 / 2008
	City	State	Zip Code
	Old Greenwich	CT	06870-1805
	FEC ID number of contributing federal political committee.		Transaction ID: ADC73317A256B4B4B861
		Amount of Each Receipt this Period	<input type="text"/> 300.00
Name of Employer City University of N		Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 400.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Virginia S. Wangerin	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 13380 Cedarwood Ave	<b>Transaction ID:</b> AB5366F8134714632817
	City State Zip Code Clive IA 50325-8573	Amount of Each Receipt this Period 27.50
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Des Moines Area Community College	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Linda C. DeVries	Date of Receipt MM / DD / YYYY 07 / 09 / 2008
	Mailing Address 7 Snowmound Ct	<b>Transaction ID:</b> AE9E62FC197F74014A45
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer DeVries & Associates, PSC	Occupation RN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Sandra M. Woods	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address P o Box 771386	<b>Transaction ID:</b> A4B13C60C0B6743C78E6
	City State Zip Code Eagle River AK 99577-1386	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer State of Alaska	Occupation Nurse	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>477.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 23  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Berna L. Mayer

Mailing Address 2811 Petro Place

City State Zip Code  
Lancaster CA 93536-5872

FEC ID number of contributing federal political committee. C

Name of Employer High Desert Medical Group      Occupation RN

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 16 / 2008

**Transaction ID:** A8239E22DAA164A6C9D5

Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda J Shinn

Mailing Address 9584 Cadbury Circle

City State Zip Code  
Indianapolis IN 46260

FEC ID number of contributing federal political committee. C

Name of Employer Concensus Magmt Group      Occupation RN

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 17 / 2008

**Transaction ID:** AB95ACBBC44804662BE8

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Deborah A. Gelski

Mailing Address 195 Monitor St

City State Zip Code  
Brooklyn NY 11222-3603

FEC ID number of contributing federal political committee. C

Name of Employer NEW YORK CITY HEALTH      Occupation RN

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y  
07 / 21 / 2008

**Transaction ID:** A1304B07E41FE46258D5

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1175.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Patricia Lynn Freier

Mailing Address 3605 45th St

City Lubbock State TX Zip Code 79413

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

Name of Employer Covenant Medical Center Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 23 / 2008  
**Transaction ID:** A56274CAED44F43D9955  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Karen S. Cox

Mailing Address 4929 Westwood Rd

City Kansas City State MO Zip Code 64112-1135

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

Name of Employer Childrens Mercy Hospital Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 07 / 25 / 2008  
**Transaction ID:** AB41A107A57394291A20  
 Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Gleena S. Gilbert

Mailing Address 359 Fort Washington Ave #41

City New York State NY Zip Code 10033

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

Name of Employer Retired Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 07 / 28 / 2008  
**Transaction ID:** A64BD39AF671D4196A65  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Gail M. Holtzman

Mailing Address 6511 Cimarron Circle

City Anchorage State AK Zip Code 99504-3944

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

Name of Employer UAA School of Nursing Occupation Associate Professor of Nursing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 29 / 2008

**Transaction ID:** AD148396064B84EFCB2C

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marie E. McQueen

Mailing Address 6110 W. Dimond Blvd

City Anchorage State AK Zip Code 99502-4032

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

Name of Employer A.K. Pacific RIM Counseling Services Occupation RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2008

**Transaction ID:** AA2D53409A5EB4EA9808

Amount of Each Receipt this Period 100.00

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

Mailing Address 2751 S. Macon Circle

City Aurora State CO Zip Code 80014-3027

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

Name of Employer Regis University Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2008

**Transaction ID:** A32AE50DBF7044A9F84F

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**TOTAL** This Period (last page this line number only) ..... ▶ 3652.50

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 23	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt	
	Mailing Address PO Box 27025		M M / D D / Y Y Y Y 07 / 31 / 2008	
	City	State	Zip Code	<b>Transaction ID:</b> A3C0A770E10674752A32
	Richmond	VA	23261	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		50.71	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 706.31		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	50.71
<b>TOTAL</b> This Period (last page this line number only) .....	50.71

# 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 / 23

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) 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) ▼	<b>Transaction ID:</b> B6A4448D10C124BB4B48 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2415.81
	Category/ Type
	Category/ Type

<b>B.</b> 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) ▼	<b>Transaction ID:</b> BADEBC0D6D0C04C75AE8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 113.49
	Category/ Type
	Category/ Type

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

2529.30

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

2529.30

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Ellsworth For Congress <hr/> Mailing Address PO Box 62 <hr/> City Evansville State IN Zip Code 47701 <hr/> Purpose of Disbursement <hr/> Candidate Name Ellsworth For Congress <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B3DED5A5BE08445669BA Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NEIL ABERCROMBIE FOR CONGRESS <hr/> Mailing Address PO Box 636 <hr/> City Annandale State VA Zip Code 22003 <hr/> Purpose of Disbursement <hr/> Candidate Name NEIL ABERCROMBIE FOR CONGRESS <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B2D2468398AC14483A19 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Klein For Congress <hr/> Mailing Address 10 GSt NE Ste 470 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name Klein For Congress <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: BDD7D31F005304903848 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of John Barrasso</p> <p>Mailing Address 406 Virginia Ave</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. John Barrasso Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District:</p>	<p><b>Transaction ID:</b> BCB333B688C174E6389D</p> <p>Date of Disbursement <input type="text" value="07"/> <input type="text" value="31"/> <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Andre Carson for Congress</p> <p>Mailing Address 499 S Capitol St SW</p> <p>City Washington State DC Zip Code 20003-4047</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Andre Carson for Congress Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> B8F2E1C5F5DF6441D81E</p> <p>Date of Disbursement <input type="text" value="07"/> <input type="text" value="31"/> <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Loebsack for Congress</p> <p>Mailing Address PO Box 1457</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dave Loebsack Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 02</p>	<p><b>Transaction ID:</b> BE9C08D46A1E7400C9F7</p> <p>Date of Disbursement <input type="text" value="07"/> <input type="text" value="15"/> <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 23

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Christine Jennings For Congres</p> <p>Mailing Address PO Box 49136</p> <p>City Sarasota State FL Zip Code 34230-6136</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Christine Jennings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0D6D4D70CAD14DD2823</p> <p>Date of Disbursement <input type="text"/> 07 / <input type="text"/> 31 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 2000.00</p>
<p><b>B.</b> 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 <input type="text"/></p> <p>Candidate Name Sen. Mark Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B56E3902561E74AB19A8</p> <p>Date of Disbursement <input type="text"/> 07 / <input type="text"/> 31 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 2000.00</p>
<p><b>C.</b> 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 <input type="text"/></p> <p>Candidate Name McNerney for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B63DAC0DD175F4E0DADC</p> <p>Date of Disbursement <input type="text"/> 07 / <input type="text"/> 28 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text"/> 5000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 23

<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) DAVID WU FOR US CONGRESS	Transaction ID: B12910FF52FFC4ED080C
	Mailing Address 499 S Capitol St SW Ste 412	Date of Disbursement MM / DD / YYYY 07 / 28 / 2008
	City Washington State DC Zip Code 20003-4009	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name DAVID WU FOR US CONGRESS	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Gillibrand for Congress	Transaction ID: B54BC0ED141804FC9A58
	Mailing Address PO Box 1279	Date of Disbursement MM / DD / YYYY 07 / 28 / 2008
	City Hudson State NY Zip Code 12534	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name Gillibrand for Congress	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Doggett for Congress	Transaction ID: B071D1D59B760449D897
	Mailing Address 1157 San Bernard	Date of Disbursement MM / DD / YYYY 07 / 31 / 2008
	City Austin State TX Zip Code 78702	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name Doggett for Congress	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 23

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Al Green for Congress</p> <p>Mailing Address PO Box 20174 Ste 321</p> <p>City Houston State TX Zip Code 77225</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Al Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 09</p>	<p><b>Transaction ID:</b> B4DCBCFA923A841A8A20</p> <p>Date of Disbursement <input type="text"/> 07 / <input type="text"/> 31 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Kay for Congress</p> <p>Mailing Address PO Box 341263</p> <p>City Bethesda State MD Zip Code 20827-1263</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Kay for Congress</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B29A94B1A3B1A4EABBEC</p> <p>Date of Disbursement <input type="text"/> 07 / <input type="text"/> 28 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS</p> <p>Mailing Address PO BOX 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dennis W. Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDB3BB62A0896427B812</p> <p>Date of Disbursement <input type="text"/> 07 / <input type="text"/> 15 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

A.	Full Name (Last, First, Middle Initial) Lautenberg for Senate	Transaction ID: B32C7240CD65B43F09EE
	Mailing Address 236 Massachusetts Ave NE Ste 602	Date of Disbursement 07 / 18 / 2008
	City Washington State DC Zip Code 20002-4971	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name Sen. Frank R. Lautenberg	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LOBIONDO FOR CONGRESS	Transaction ID: B02D34D02B2904CA6B3F
	Mailing Address 1707 Prince St #5	Date of Disbursement 07 / 02 / 2008
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. Frank A. LoBiondo	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Arcuri for Congress	Transaction ID: BBD0231F6A65B4240B98
	Mailing Address PO Box 508	Date of Disbursement 07 / 15 / 2008
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Michael A. Arcuri	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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><b>A.</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 Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6A5BAFF84F964ACDA97</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MARK UDALL FOR CONGRESS</p> <p>Mailing Address PO BOX 40158 undefined</p> <p>City Denver State CO Zip Code 80204-0158</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Mark Udall Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B467CEA0DBE914917966</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY</p> <p>Mailing Address 151 Linden Rd</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Carolyn McCarthy 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: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE85E0419D6534B6A8D8</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>PEOPLE FOR ENGLISH</b> <hr/> Mailing Address PO Box 1940 <hr/> City Erie State PA Zip Code 16507 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Phil English <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEE76C7B80CCF47EF914 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Matsui For Congress</b> <hr/> Mailing Address PO Box 1738 undefined <hr/> City Sacramento State CA Zip Code 95812-1738 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Doris Matsui <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAC803D7B96444A5CB4D Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>James McGovern for Congress</b> <hr/> Mailing Address PO Box 60405 <hr/> City Worcester State MA Zip Code 01606-0405 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. James P. McGovern <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B74D9BD48DB73440996A Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Nurses Association PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) PETER DEFAZIO FOR CONGRESS</p> <p>Mailing Address PO Box 1316</p> <p>City Springfield State OR Zip Code 97477</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Peter A. DeFazio</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFCC0AAFD988746F3BBB</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFBE443E5D09C48A29B6</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) COMMITTEE FOR BART GORDON, The</p> <p>Mailing Address PO Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCD8285C0C7A6434880D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8</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) Patrick Murphy For Congress	Transaction ID: B4D043EE4E8654AAAA9F
	Mailing Address PO Box 868	Date of Disbursement 07 / 15 / 2008
	City Levittown State PA Zip Code 19058	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Patrick J. Murphy	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota	Transaction ID: B116FAF3097964A56BF4
	Mailing Address PO Box 1859	Date of Disbursement 07 / 15 / 2008
	City Sioux Falls State SD Zip Code 57101-1859	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Sen. Tim Johnson	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: BE053EB15642A4F0AAC2
	Mailing Address 1707 Price St #5	Date of Disbursement 07 / 02 / 2008
	City Alexandria State VA Zip Code 22301-1731	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name Rep. Joseph R. Pitts	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4000.00

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

36500.00

**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)

PAGE 23 / 23

<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) Experts Acute		Transaction ID: B1E4D7D3B747B43CB84A	
	Mailing Address 1 Racetrack Rd Ste B104		Date of Disbursement 07 / 11 / 2008	
City East Brunswick		State NJ	Zip Code 08816-3800	
Purpose of Disbursement refund of corp check mistakenly cashed			Amount of Each Disbursement this Period 25.00	
Candidate Name			Category/ Type	
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) ..... ▶

25.00

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

25.00