

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **800 MARYLAND AVE, SW**
SUITE 100 WEST
 Check if different than previously reported. (ACC) **WASHINGTON DC 20024**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00017525 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE)
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Election on Convention (12C) Special (12S)
 in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on
 in the State of
 Termination Report (TER) in the State of

5. Covering Period 01 01 2001 through 06 30 2001

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

Type or Print Name of Treasurer ROSE GONZALEZ

Signature of Treasurer Electronically Filed by ROSE GONZALEZ Date 07 30 2001

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^h 0 1 ^D 0 1 ^v / ^v 2 0 0 1 To: ^h 0 6 ^D 3 0 ^v / ^v 2 0 0 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v / ^v 2 0 0 1		91347.60
(b) Cash on Hand at Beginning of Reporting Period	91347.60	
(c) Total Receipts (from Line 19)	43802.09	43802.09
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	135149.69	135149.69
7. Total Disbursements (from Line 30)	79860.36	79860.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55289.33	55289.33
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 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: ^{MM}01 ^{DD}01 ^{YYYY}2001 To: ^{MM}06 ^{DD}30 ^{YYYY}2001

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		
(i) Itemized (use Schedule A)	11360.00	
(ii) Unitemized	28105.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39465.75	39465.75
(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 32, page 4)	39465.75	39465.75
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 36, page 4)	901.27	901.27
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1435.07	1435.07
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	43802.09	43802.09
20. Total Federal Receipts (subtract Line 18 from Line 19)	43802.09	43802.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	2110.36	2110.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2110.36	2110.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77000.00	77000.00
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.....	700.00	700.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	79860.36	79860.36
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	79860.36	79860.36
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	39465.75	39465.75
33. Total Contribution Refunds (from Line 28(d)).....	50.00	50.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	39415.75	39415.75
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2110.36	2110.36
36. Offsets to Operating Expenditures (from Line 15, page 3).....	901.27	901.27
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1209.09	1209.09

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

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

FOR LINE NUMBER: PAGE 5 / 29

(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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mary J. Anderson

Mailing Address
924 10th Ave NE

City State Zip Code
Brainerd MN 56401

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer REQUESTED Occupation
RN

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.4100

B. Full Name (Last, First, Middle Initial)
Karan A. Ballard

Mailing Address
22 West 77th Street Apt 96

City State Zip Code
New York NY 10024-5151

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer New York State Nurses Occupation
Registered Nurse

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.4102

C. Full Name (Last, First, Middle Initial)
Karan A. Ballard

Mailing Address
22 West 77th Street Apt 96

City State Zip Code
New York NY 10024-5151

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2001

Amount of Each Receipt this Period
60.00

FEC ID number of contributing federal political committee.

Name of Employer New York State Nurses Occupation
Registered Nurse

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 310.00

Transaction ID: SA11A1.4105

SUBTOTAL of Receipts This Page (optional) ▶ **560.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 6 / 29

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mary L. Behrens

Mailing Address
1213 Granada

City State Zip Code
Casper WY 82601-5934

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2001

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dr. Hugh Depado FNCP

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2000.00

Transaction ID: SA11A1.4108

B. Full Name (Last, First, Middle Initial)
Mary L. Behrens

Mailing Address
1213 Granada

City State Zip Code
Casper WY 82601-5934

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dr. Hugh Depado FNCP

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 2300.00

Transaction ID: SA11A1.4108

C. Full Name (Last, First, Middle Initial)
Virginia Trotter Betts

Mailing Address
4907 Roselawn Circle

City State Zip Code
Nashville TN 37215-4405

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Vanderbilt Institute of Public Policy Research Associate Professor

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.4108

SUBTOTAL of Receipts This Page (optional) ▶ **2550.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 29

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Barbara Thoman Curtis

Mailing Address
7620 Old Georgetown Road Apt. 129
City State Zip Code
Bethesda MD 20814

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

FEC ID number of contributing federal political committee.

Name of Employer
Retired

Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼

Amount of Each Receipt this Period
500.00

Transaction ID: SA11A1.4111

B. Full Name (Last, First, Middle Initial)
Linda C. Davies

Mailing Address
4417 Charlesfont Place
City State Zip Code
Bethesda MD 20816

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2001

FEC ID number of contributing federal political committee.

Name of Employer
DeVries and Associates

Occupation
First Assistant

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.4113

C. Full Name (Last, First, Middle Initial)
Marge Drugay

Mailing Address
6641 Longfellow Drive
City State Zip Code
Tucson AZ 85716-2417

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2001

FEC ID number of contributing federal political committee.

Name of Employer
Drugay and Associate

Occupation
Consultant on Health

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.4115

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 29	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Frances M. Edwards

Mailing Address
5D Concord Park E

City State Zip Code
Nashville TN 37205-4705

Date of Receipt
M M / D D / Y Y Y Y
02 / 23 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Advanced Practice Nurse

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.4117

Full Name (Last, First, Middle Initial)
B. Frances M. Edwards

Mailing Address
5D Concord Park E

City State Zip Code
Nashville TN 37205-4705

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Advanced Practice Nurse

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2000.00

Transaction ID: SA11A1.4118

Full Name (Last, First, Middle Initial)
C. Mary E. Foley

Mailing Address
963 Duncan St.

City State Zip Code
San Francisco CA 94131

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer St. Francis Memorial Hospital Occupation Nurse Administrator

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.4120

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 29	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Lorraine Freitas

Mailing Address
4037 Haines Street

City State Zip Code
San Diego CA 02109-5371

Date of Receipt
 N M / D E / Y Y Y Y
06 20 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
San Diego State University Registered Nurse/Associate

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.4122**

Full Name (Last, First, Middle Initial)
B. Greer Glazer

Mailing Address
38680 Blackberry Circle

City State Zip Code
Solon OH 44139-2442

Date of Receipt
 N M / D E / Y Y Y Y
06 04 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Parent Child Nursing Nurse Educator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.4124**

Full Name (Last, First, Middle Initial)
C. Rose I. Gonzalez

Mailing Address
8607 Rocky Gap Ct.

City State Zip Code
Lorton VA 22079

Date of Receipt
 N M / D E / Y Y Y Y
06 07 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
American Nurses Association Director, Government Affairs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.4126**

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 29	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Mary H. Griffith

Mailing Address
15251 S 28th St.

City State Zip Code
Phoenix AZ 85048-9514

Date of Receipt
M M / D D / Y Y Y Y
05 / 25 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AZ Board of Nursing RN

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.4128

B. Full Name (Last, First, Middle Initial)
Pamela C. Hagan

Mailing Address
P.O. Box 436263

City State Zip Code
Louisville KY 40253-6263

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kentucky Nurses Association Oncology Clinical Nurse

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.4130

C. Full Name (Last, First, Middle Initial)
A. Louise Hart

Mailing Address
246 Hinterland

City State Zip Code
Jackson MO 63755

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Southeast Missouri University Head of Department of Nursing

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: SA11A1.4132

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 11 / 29

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Ada Sue Hinshaw:

Mailing Address
2710 Winter Garden Court

City State Zip Code
Ann Arbor MI 48105-1578

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University of Michigan Professor

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.4134

Full Name (Last, First, Middle Initial)
B. Patricia L. Holman

Mailing Address
27-40 Ericsson Street

City State Zip Code
East Elmhurst NY 11369

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mt. Sinai Medical Center DR RN

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Amount of Each Receipt this Period
1000.00

Transaction ID: SA11A1.4136

Full Name (Last, First, Middle Initial)
C. Michael W. Nilsson

Mailing Address
1520 Coachlight Way

City State Zip Code
Dunedin FL 34898-3903

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HPS Pinellas County RN

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.4138

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

**SCHEDULE A (FEC Form 3X)
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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. William Powers

Mailing Address

1505 Crystal Drive

Apt. 205

City

State

Zip Code

Arlington

VA

22202

Date of Receipt

N M / D E / Y Y Y Y
06 / 27 / 2001

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
ANA

Occupation
COO

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4140

Full Name (Last, First, Middle Initial)

B. Ruth L. Richardson

Mailing Address

8 Orchard Street

City

State

Zip Code

Keene

NH

03431-2134

Date of Receipt

N M / D E / Y Y Y Y
02 / 08 / 2001

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Cheshire Medical Center

Occupation
RN

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4142

Full Name (Last, First, Middle Initial)

C. Mary Anne Schultz

Mailing Address

444 Browning St.

City

State

Zip Code

Upland

CA

91784-1321

Date of Receipt

N M / D E / Y Y Y Y
05 / 31 / 2001

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
UCLA

Occupation
Project Manager

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.4144

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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ITEMIZED RECEIPTS**

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	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Betty Smith-Campbell

Mailing Address
 1821 Pineview Drive

City State Zip Code
 Andover KS 67002

Date of Receipt
 N M / D E / Y Y Y Y
 06 26 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 University of Kansas Nurse Midwife

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Transaction ID: SA11A1.4148

B. Full Name (Last, First, Middle Initial)
 Linda J. Stierle

Mailing Address
 1810 Millridge Ct

City State Zip Code
 Annapolis MD 21401-5827

Date of Receipt
 N M / D E / Y Y Y Y
 06 27 2001

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 American Nurses Association CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Transaction ID: SA11A1.4148

C. Full Name (Last, First, Middle Initial)
 Marjorie W. Vanderbilt

Mailing Address
 501 Slaters Lane

City State Zip Code
 Alexandria VA 22314

Date of Receipt
 N M / D E / Y Y Y Y
 02 16 2001

Amount of Each Receipt this Period
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 AAGP Director, Federal Gov

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Transaction ID: SA11A1.4150

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	11360.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 14 / 20
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. The Ledger

Mailing Address
300 West Lime Street, P.O. Box 40B

City State Zip Code
Lakeland FL 33815

FEC ID number of contributing federal political committee.
901.27

Name of Employer Occupation
Refund ad 2000 Stedem for Congress

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **901.27**

Date of Receipt
 M / D / Y Y Y Y
02 / 09 / 2001

Amount of Each Receipt this Period
901.27

Transaction ID: **SA15.425D**

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	901.27
TOTAL This Period (last page this line number only)	▶	901.27

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 15 / 29
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KENNEDY FOR SENATE 2000

Mailing Address
428 C STREET NE REAR BLDG

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. C00305045

Name of Employer Occupation
Returned check from 2000 election cycle.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M / D / Y Y Y Y
03 / 16 / 2001

Amount of Each Receipt this Period
2000.00

Transaction ID: SA16.4167

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

A. SunTrust Bank

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

P.O. Box 85024 _____

City _____ State _____ Zip Code _____

Richmond VA 23285-5024

Date of Receipt _____

N M / D E / Y Y Y Y

0 2 / 2 8 / 2 0 0 1

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____

400.42

Interest income _____

Name of Employer _____ Occupation _____

Receipt For: _____ Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼ _____ 400.42

Transaction ID: SA17.4227

B. SunTrust Bank

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

P.O. Box 85024 _____

City _____ State _____ Zip Code _____

Richmond VA 23285-5024

Date of Receipt _____

N M / D E / Y Y Y Y

0 3 / 3 1 / 2 0 0 1

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____

369.57

Interest income _____

Name of Employer _____ Occupation _____

Receipt For: _____ Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼ _____ 769.99

Transaction ID: SA17.4230

C. SunTrust Bank

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

P.O. Box 85024 _____

City _____ State _____ Zip Code _____

Richmond VA 23285-5024

Date of Receipt _____

N M / D E / Y Y Y Y

0 4 / 3 0 / 2 0 0 1

Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____

297.44

Interest income _____

Name of Employer _____ Occupation _____

Receipt For: _____ Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼ _____ 1067.43

Transaction ID: SA17.4231

SUBTOTAL of Receipts This Page (optional) ► **1067.43**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 29

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address
P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2001

Amount of Each Receipt this Period
193.52

FEC ID number of contributing federal political committee.

Name of Employer Occupation Interest income

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1260.95

Transaction ID: SA17.4232

B. Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address
P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2001

Amount of Each Receipt this Period
174.12

FEC ID number of contributing federal political committee.

Name of Employer Occupation Interest income

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1435.07

Transaction ID: SA17.4233

C.

SUBTOTAL of Receipts This Page (optional)	▶	367.64
TOTAL This Period (last page this line number only)	▶	1435.07

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

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 02 / 28 / 2001
Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 588.76
Purpose of Disbursement BANK CHARGES		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.4245
State: District:		

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement 03 / 31 / 2001
Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 408.56
Purpose of Disbursement BANK CHARGES		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.4246
State: District:		

Full Name (Last, First, Middle Initial) C. SunTrust Bank		Date of Disbursement 04 / 30 / 2001
Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 385.83
Purpose of Disbursement BANK CHARGES		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.4247
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1372.15
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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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 POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SunTrust Bank		Date of Disbursement 05 / 31 / 2001	
Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 308.00	
Purpose of Disbursement BANK CHARGES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.4248	
State: District:			

Full Name (Last, First, Middle Initial) B. SunTrust Bank		Date of Disbursement 06 / 30 / 2001	
Mailing Address P.O. Box 85024 City Richmond State VA Zip Code 23285-5024		Amount of Each Disbursement this Period 288.35	
Purpose of Disbursement BANK CHARGES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.4249	
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	594.35
TOTAL This Period (last page this line number only)	1966.50

**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				

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE			Date of Disbursement 02 / 23 / 2001	
Mailing Address 430 SOUTH CAPITOL STREET, SE City: WASHINGTON State: DC Zip Code: 20003			Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement Annual Membership Candidate Name			Category/ Type	
Office Sought: House Senate President		Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) 2001 Contribution		
State: District:		Transaction ID: SB23.4177		

Full Name (Last, First, Middle Initial) B. DEMOCRATIC NATIONAL COMMITTEE			Date of Disbursement 03 / 09 / 2001	
Mailing Address 430 SOUTH CAPITOL STREET SE City: WASHINGTON State: DC Zip Code: 20003			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Annual Membership Candidate Name			Category/ Type	
Office Sought: House Senate President		Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) 2001 Contribution		
State: District:		Transaction ID: SB23.4185		

Full Name (Last, First, Middle Initial) C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE			Date of Disbursement 02 / 23 / 2001	
Mailing Address 430 SOUTH CAPITOL STREET, SE City: WASHINGTON State: DC Zip Code: 20003			Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement Annual Membership Candidate Name			Category/ Type	
Office Sought: House Senate President		Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) 2001 Contribution		
State: District:		Transaction ID: SB23.4175		

SUBTOTAL of Disbursements This Page (optional)	35000.00
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 21 / 29

<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				

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF CAROLYN MCCARTHY			Date of Disbursement 03 / 26 / 2001	
Mailing Address 38 Ivy Street, SE City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate contribution.			Transaction ID: SB23.4188	
Candidate Name Carolyn McCarthy		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: NY District: 04				

Full Name (Last, First, Middle Initial) B. FRIENDS OF CAROLYN MCCARTHY			Date of Disbursement 05 / 11 / 2001	
Mailing Address 38 Ivy Street, SE City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate contribution.			Transaction ID: SB23.4201	
Candidate Name Carolyn McCarthy		Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: NY District: 04				

Full Name (Last, First, Middle Initial) C. FRIENDS OF DICK DURBIN COMMITTEE			Date of Disbursement 06 / 15 / 2001	
Mailing Address 3D1 4th Street, NE Suite 201 City Washington State DC Zip Code 20002			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate contribution.			Transaction ID: SB23.4220	
Candidate Name Dick Durbin		Category/ Type		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: IL District: 00				

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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				

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FRIENDS OF ROSA DELAURO		Date of Disbursement 06 / 06 / 2001	
Mailing Address 430 South Capitol Street, SE 2nd Floor City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate contribution.		Category/ Type	
Candidate Name Rosa DeLauro			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District: 03	Transaction ID: SB23.4207		

Full Name (Last, First, Middle Initial) B. FRIENDS OF SHERROD BROWN		Date of Disbursement 06 / 04 / 2001	
Mailing Address P.O. Box 2884 City State Zip Code WASHINGTON DC 20013		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate contribution.		Category/ Type	
Candidate Name Sherrod Brown			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District: 13	Transaction ID: SB23.4196		

Full Name (Last, First, Middle Initial) C. GEPHARDT IN CONGRESS COMMITTEE		Date of Disbursement 06 / 11 / 2001	
Mailing Address 2850 Connecticut Avenue, NW 1st Floor City State Zip Code Washington DC 20008		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Candidate contribution		Category/ Type	
Candidate Name Richard Gephardt			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District: 03	Transaction ID: SB23.4202		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 29

<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				

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. JEAN CARNAHAN FOR MISSOURI COMMITTEE		Date of Disbursement 06 / 15 / 2001
Mailing Address 426 C Street, NE City: Washington State: DC Zip Code: 20002 Rear Building		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate contribution.		Transaction ID: SB23.4222
Candidate Name Jean Carnahan		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MO District: 00	Category/ Type	

Full Name (Last, First, Middle Initial) B. JESSE JACKSON JR FOR CONGRESS COMMITTEE		Date of Disbursement 06 / 04 / 2001
Mailing Address P.O. Box 49282 City: CHICAGO State: IL Zip Code: 60649		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate contribution.		Transaction ID: SB23.4199
Candidate Name Jesse Jackson, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IL District: 02	Category/ Type	

Full Name (Last, First, Middle Initial) C. KAY GRANGER CAMPAIGN		Date of Disbursement 04 / 27 / 2001
Mailing Address P.O. Box 17447 City: FORT WORTH State: TX Zip Code: 76102		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Candidate contribution.		Transaction ID: SB23.4192
Candidate Name Kay Granger		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: TX District: 12	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	2250.00
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 24 / 29

<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				

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KEEP OUR MAJORITY POLITICAL ACTION COMMITTEE (KOMPAC)			Date of Disbursement 02 / 02 / 2001	
Mailing Address P.O. Box 864 City: Washington State Zip Code: DC 20044			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Dinner			Transaction ID: SB23.4173	
Candidate Name				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> 2001 Contribution			
State: District:				

Full Name (Last, First, Middle Initial) B. LATOURETTE FOR CONGRESS COMMITTEE			Date of Disbursement 05 / 04 / 2001	
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City: Chantilly State Zip Code: VA 20151			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate contribution.			Transaction ID: SB23.4184	
Candidate Name Steve Latourette				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>			
State: OH District: 19				

Full Name (Last, First, Middle Initial) C. LOIS CAPPs FOR CONGRESS			Date of Disbursement 03 / 02 / 2001	
Mailing Address 1724 SANTA BARBARA STREET City: SANTA BARBARA State Zip Code: CA 93101			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate contribution.			Transaction ID: SB23.4181	
Candidate Name Lois Capps				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>			
State: CA District: 22				

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				

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LOIS CAPPS FOR CONGRESS		Date of Disbursement 05 / 11 / 2001	
Mailing Address 1724 SANTA BARBARA STREET City: SANTA BARBARA State: CA Zip Code: 93101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate contribution.		Category/ Type	
Candidate Name Lois Capps			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 22	Transaction ID: SB23.4204		

Full Name (Last, First, Middle Initial) B. MOORE FOR CONGRESS		Date of Disbursement 03 / 09 / 2001	
Mailing Address PO BOX 14631 City: SHAWNEE MISSION State: KS Zip Code: 66286		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate contribution.		Category/ Type	
Candidate Name Dennis Moore			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KS District: 03	Transaction ID: SB23.4161		

Full Name (Last, First, Middle Initial) C. MOORE FOR CONGRESS		Date of Disbursement 06 / 22 / 2001	
Mailing Address PO BOX 14631 City: SHAWNEE MISSION State: KS Zip Code: 66286		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate contribution.		Category/ Type	
Candidate Name Dennis Moore			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KS District: 03	Transaction ID: SB23.4224		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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				

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NANCY PELOSI FOR CONGRESS		Date of Disbursement 06 / 15 / 2001	
Mailing Address 1 BUSH STREET 11TH FLOOR City State Zip Code SAN FRANCISCO CA 94104		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate contribution		Category/ Type	
Candidate Name Nancy Pelosi			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CA District: 06	Transaction ID: SB23.421B		

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS		Date of Disbursement 03 / 05 / 2001	
Mailing Address 320 FIRST STREET SE City State Zip Code WASHINGTON DC 20003		Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement Annual Membership		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2001 Contribution		
State: District:	Transaction ID: SB23.4183		

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE		Date of Disbursement 06 / 29 / 2001	
Mailing Address 425 SECOND STREET NE City State Zip Code WASHINGTON DC 20002		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Annual Membership		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2001 Contribution		
State: District:	Transaction ID: SB23.4225		

SUBTOTAL of Disbursements This Page (optional) ▶	16000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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(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				

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RANGEL FOR CONGRESS		Date of Disbursement 06 / 06 / 2001
Mailing Address 2850 Connecticut Avenue, NW City Washington State DC Zip Code 20008		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate contribution	Category/ Type	Transaction ID: SB23.4216
Candidate Name Charlie Rangel		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NY District: 15		

Full Name (Last, First, Middle Initial) B. REPUBLICAN MAIN STREET PARTNERSHIP POLITICAL ACTION COMMITTEE		Date of Disbursement 06 / 01 / 2001
Mailing Address 1350 I Street, NW Suite 560 City WASHINGTON State DC Zip Code 20005		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Fundraiser	Category/ Type	Transaction ID: SB23.4205
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2001 Contribution	
State: District:		

Full Name (Last, First, Middle Initial) C. REPUBLICAN NATIONAL COMMITTEE - RNC		Date of Disbursement 03 / 02 / 2001
Mailing Address 310 FIRST STREET S.E. City WASHINGTON State DC Zip Code 20003		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Annual Membership	Category/ Type	Transaction ID: SB23.4179
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2001 Contribution	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	6250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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<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

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WATSON FOR CONGRESS		Date of Disbursement 03 / 30 / 2001
Mailing Address 38 Ivy Street, SE City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name Diane Watson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: Primary General Other (specify) ▼ Special-General	Transaction ID: SB23.4190
State: CA District: 32		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	77000.00

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

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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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
AMERICAN NURSES ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE			Date of Disbursement 01 / 19 / 2001
Mailing Address 425 SECOND STREET NE City: WASHINGTON State: DC Zip Code: 20002			Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Chairman Buffet Luncheon 1/19/01		Candidate Name	Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Non-Federal		
State:	District:	Transaction ID: SB29.4255	

Full Name (Last, First, Middle Initial) B. YOUNG DEMOCRATS OF AMERICA - NON FED ACCT			Date of Disbursement 02 / 02 / 2001
Mailing Address 430 S. Capitol Street, SE City: Washington State: DC Zip Code: 20003			Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Reception		Candidate Name	Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Non-Federal		
State:	District:	Transaction ID: SB29.4257	

C.

SUBTOTAL of Disbursements This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	700.00