Image# 11971821027 PAGE 1 / 7

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5		
American College of Nu	urse Practitione	rs Political	Action Co	mmittee	1 1 1 1 1		1
ADDRESS (number and street)	1501 Wilson Blvd.						
•	Suite 509						
Check if different than previously reported. (ACC)	Arlington				VA	22209	
2. FEC IDENTIFICATION NUI	MBER ▼	CITY ▲		S	STATE 🛦	ZIP CC	DDE 🛦
C C00382440		3. IS THIS REPORT		IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	r	May 20 (M5)	Aug	20 (M8) ×	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Duc On.	Mar 20 (M3)		lun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	,	Apr 20 (M4)		lul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1 July 15 Quarterly Report (Q2	(C) 12-Day	tion	Primary (12P)	General ((12G)	Runoff (12R)
October 15 Quarterly Report (Q3	Report for	r the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (YE		Election on	M = M /	D D /	Y	in the State of	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (300	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	Report for	Election on	M - M /	D D /	Y	in the State o	of
5. Covering Period 10	/ D D / Y 01	2011	through	M M M	/ D D /	2011	
certify that I have examined this	Report and to the	best of my kno	wledge and k	pelief it is true	e, correct and	l complete.	
Type or Print Name of Treasurer	•	-					
Signature of Treasurer Wade S	S Williams		[Electronically	Filed] Da	ate 11	/ D D /	2011
NOTE: Submission of false, erroned	ous, or incomplete inf	ormation mav sı	ibject the pers	son signina thi	is Report to th	ne penalties of 2	U.S.C. §437a.
Office Use Only	, 12 , 12 , 12 , 12		, , , , ,	3 3	,	FEC FOF Rev. 12/2	RM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

2011 2011 Report Covering the Period: 10 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 55441.38 January 1, 2011 (b) Cash on Hand at 60267.65 Beginning of Reporting Period..... 5478.01 287.47 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 60555.12 60919.39 6(a) and 6(c) for Column B)..... 22.85 387.12 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 60532.27 60532.27 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D)

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

For further information contact:

0.00

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

		COLUMN A	COLUMN B						
	I. Receipts	Total This Period	Calendar Year-to-Date						
11.	Contributions (other than loans) From:	,							
	(a) Individuals/Persons Other								
	Than Political Committees	125.00	1700.00						
	(i) Itemized (use Schedule A)	123.00	7						
	(ii) Unitemized	95.00	3665.00						
	(iii) TOTAL (add	222.22	F26F 00						
	Lines 11(a)(i) and (ii)▶	220.00	5365.00						
	(b) Political Party Committees	0.00	0.00						
	(c) Other Political Committees	0.00	0.00						
	(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)▶	220.00	5365.00						
12	Transfers From Affiliated/Other	7							
12.	Party Committees	0.00	0.00						
		0.00							
13.	All Loans Received	0.00	0.00						
14	Loan Repayments Received	0.00	0.00						
	Offsets To Operating Expenditures								
	(Refunds, Rebates, etc.)								
	(Carry Totals to Line 37, page 5)	0.00	0.00						
16.	Refunds of Contributions Made	7	7						
	to Federal Candidates and Other								
	Political Committees	0.00	0.00						
17.	Other Federal Receipts								
	(Dividends, Interest, etc.)	67.47	113.01						
18.	Transfers from Non-Federal and Levin Funds	,	,						
	(a) Non-Federal Account	0.00							
	(from Schedule H3)	0.00	0.00						
		0.00	0.00						
	(b) Levin Funds (from Schedule H5)	0.00	0.00						
	(c) Total Transfers (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))▶	287.47	5478.01						
20.	Total Federal Receipts								
	(subtract Line 18(c) from Line 19) ▶	287.47	5478.01						

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Astrocky (from School July 14)	1000. 1110 1 01100	ouiciidai icai-to-bate
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) Todoral Orlaro		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	22.85	341.58
(c) Total Operating Expenditures	7	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(add 21(a)(i), (a)(ii), and (b))	▶ 22.85	341.58
Transfers to Affiliated/Other Party	0.00	0.00
Contributions to		0.00
Federal Candidates/Committees and Other Political Committees		0.00
Independent Expenditures	0.00	0.00
(use Schedule E)Coordinated Party Expenditures		0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(400 00000.0 1)		
Loan Repayments Made		0.00
Loans Made	0.00	0.00
Refunds of Contributions To:	7 7	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	▶ 0.00	0.00
Other Disbursements		45.54
Federal Election Activity (2 U.S.C. §4	31(20))	
(a) Allocated Federal Election Activity	у	
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) i edelai oliale		
(ii) "Levin" Share		0.00
(b) Federal Election Activity Paid En		0.00
With Federal Funds(c) Total Federal Election Activity (ac		0.00
Lines 30(a)(i), 30(a)(ii) and 30(b		0.00
Total Disbursements (add Lines 21(c)	. 22.	
23, 24, 25, 26, 27, 28(d), 29 and 30(387.12
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)		
from Line 31)	≥ 22.85	387.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures						
3. Total Contributions (other than loans) (from Line 11(d), page 3)	220.00	5365.00				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	220.00	5365.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	22.85	341.58				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
Net Operating Expenditures (subtract Line 37 from Line 36)	22.85	341.58				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Other (specify)

Other (specify)

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

					PAGE	=	6	OF	7
(che	ck only	or	ne)						
X	11a		11b		11c		12	2	
	13		14		15		16	6	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 College of Nurse Practitioners Political Action Committee Full Name (Last, First, Middle Initial) Jan DiSantostefano Date of Receipt Mailing Address 2437 Maxton Crest Drive 10 04 2011 City State Zip Code Transaction ID: 7095857 NC Apex 27539 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation SAS Healthcare Nurse Practitioner Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Helen Ruddy Date of Receipt Mailing Address 21-26 21st Rd 10 2011 19 City State Zip Code Transaction ID: 7095865 NY Astoria 11105 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation NYU Health Service Nurse Practitioner Receipt For: Aggregate Year-to-Date ▼ Primary General

Full Name (Last, First, Middle Initial) C. Susan Apold Giampietro		Date of Receipt
Mailing Address 25 Pamela Lane		10 19 2011
City New Rochelle	State Zip Code NY 10804	Transaction ID : 7095868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
American College of Nurse Practitioner	Director, Department of Nursing	
Receipt For: Primary General	Aggregate Year-to-Date ▼	

350.00

350.00

SUBTOTAL of Receipts This Page (optional)		7	7	_	125.00
TOTAL This Period (last page this line number only)		7	-1		125.00

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER:							PAGE 7 OF 7				
	EMIZED DISBURSEMENTS	Use separate schedule(s)	\ I	_		nly one)								
11	LIVIIZED DISBURSEIVIEN IS	for each category of the	'	X	•	22	23	4	25		7 26			
		Detailed Summary Page		\Box	27	28a		28b	H_2	8c	29		30b	
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	for commercial purposes, other than using the nam												•	
	NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·												
$ \rangle$	American College of Nurse Practition	oners Political Actio	n Co	mn	nitte	e.								
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	Full Name (Last, First, Middle Initial)													
A.	Fundraising By Net					Date of	f Dis	sburse	ment					
			M M / D D / Y Y Y Y											
	Mailing Address 1101 Pennsylvania Avenue, NW					10 04 2011								
	6th Floor													
		State Zip Code DC 20004				Trans	acti	ion ID	: 709	870				
	Washington Purpose of Disbursement	DC 20004								•				
	Credit Card Processing Fees			001		Amoun	t of	Fach	Diebu	reama	nt this	Pari	od	
	Candidate Name			-		Amoun	ı OI	∟aUII	חספות	s e me	111 11115	Fell	ou	
	Candidate Name			egory	y/	1			-		_	7.53		
	Office Sought: House Disbursen	nent For:	- 1	ype				7		7				
		Primary General				Orașilii o	ا ا	D		Га				
	President	Other (specify)				Credit C	ard	Proce	ssing	rees				
	State: District:	Callot (opooliy)												
_	Full Name (Last, First, Middle Initial)													
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	i unulaising by Net					M = M				V -	Y Y	V		
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	6th Floor													
		State Zip Code				Trans		ion ID	. 700	5074				
	Washington	DC 20004				irans	act	ion ID	. / 09	0014				
	Purpose of Disbursement		\neg											
	Credit Card Processing Fees			Amoun	t of	Each	Disbu	rseme	nt this	nt this Period				
	Candidate Name		y/	13.09										
			T	ype			-	7		7	_	. 5.09	_	
	Office Sought: House Disbursen													
		Primary General				Credit (Card	l Proce	essing	Fees				
		Other (specify) ▼												
_	State: District:													
_	Full Name (Last, First, Middle Initial)					Date	۲ D.	_l						
U.	Fundraising By Net					Date of	יוטוי	spurse	ment					
	Mailing Address 4404 Daniel Land					M M	1		D /		γ ∎ γ 2011	Υ		
	Mailing Address 1101 Pennsylvania Avenue, NW 6th Floor					10		0	4	-	2011	-		
		State Zip Code												
	-	DC 20004				Trans	sact	ion ID	: 710	3678				
	Purpose of Disbursement			_										
	Credit Card Processing Fees		C	01		Amoun	t of	Each	Dishu	rseme	nt this	Peri	od	
	Candidate Name		Cate	egory	//				550			-		
				ype	"	L .		.00 - 7		m -		2.23		
	Office Sought: House Disbursen	nent For:						,		,				
	Senate	Primary General				Credit C	Card	Proce	ssing	Fees				
	President	Other (specify) ▼							3					
_	State: District:													
								-	_	-	_			
s	SUBTOTAL of Disbursements This Page (optional)				•			7		7	2	22.85		
\vdash								-		-				
ĺτ	OTAL This Period (last nage this line number only)										2	2.85		