

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL OPERATIONS CENTER

2002 NOV 21 A 9:47 Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4MS

American College of Nurse Practitioners Political Action Committee

ADDRESS (number and street) P.O. Box 7135

(Check if address is changed)

Washington DC 20044 7135

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 11 20 2002

3. FEC IDENTIFICATION NUMBER C C00382440

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Wade S Williams

Signature of Treasurer Date 11 20 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

American College of Nurse Practitioners _____

Mailing Address 1111 19th Street NW, Suite 404 _____

Washington DC 20036 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship Parent _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Political Action Committee Services

Mailing Address 7700 Old Branch Avenue Suite A-205

Clinton MD 20735

Title or Position CITY STATE ZIP CODE

Bookkeeper Telephone number 301-868-1888

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Wade S Williams

Mailing Address 7700 Old Branch Avenue Suite A-205

Clinton MD 20735

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 301-868-1888

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number -0-

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

7810 Old Branch Avenue

Clinton

MD

20735

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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PREPARER		DATE PREPARED

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