06/13/2005 10 : 42

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 Academy of Nurse Practitioners/Political Action Committee

ADDRESS (number and street) ▼ PO Box 40473

Check if different than previously reported. (ACC)

Washington | DC | 20016

2. **FEC IDENTIFICATION NUMBER** ▼ C00358903

CITY ▲ STATE ▲ ZIPCODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- X October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on in the State of

(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2004 through 09 30 2004

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 Diana Swanson

Signature of Treasurer Electronically Filed by Diana Swanson Date 06 13 2005

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
American Academy of Nurse Practitioners/Political Action Committee

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		97010.32
(b) Cash on Hand at Begining of Reporting Period	96310.32	
(c) Total Receipts (from Line 19)	6473.00	7773.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	104783.32	104783.32
7. Total Disbursements (from Line 31)	30000.00	30000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	74783.32	74783.32
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Nurse Practitioners/Political Action Committee

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

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)	400.00	1700.00
(ii) Unitemized	6073.00	6073.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	6473.00	7773.00
(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) ..... ▶	6473.00	7773.00
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.)	0.00	0.00
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))	6473.00	7773.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6473.00	7773.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	30000.00	30000.00
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	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 Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
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))	30000.00	30000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	30000.00	30000.00

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)	6473.00	7773.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6473.00	7773.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(check only one)
[X] 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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Philip Britton
Mailing Address 5103 Heron Court
City: Coconut Creek State: FL Zip Code: 33073
FEC ID number of contributing federal political committee. C
Name of Employer: Nursing Home Dermatology Assoc
Occupation: Nurse Practitioner
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 200.00

Date of Receipt: 08 30 2004
Transaction ID: SA11A1.4123
Amount of Each Receipt this Period: 200.00
General

B.
Full Name (Last, First, Middle Initial)
Barbara Rhoads
Mailing Address 13041 Highland Glenways
City: Jacksonville State: FL Zip Code: 32224
FEC ID number of contributing federal political committee. C
Name of Employer:
Occupation: Nurse Practitioner
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 200.00

Date of Receipt: 09 28 2004
Transaction ID: SA11A1.4125
Amount of Each Receipt this Period: 200.00
General

SUBTOTAL of Receipts This Page (optional) ..... ▶ 400.00

TOTAL This Period (last page this line number only) ..... ▶ 400.00

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)

21b	22	X 23	24	25	26
27	28a	28b	28c	29	30b

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 Academy of Nurse Practitioners/Political Action Committee

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address PO BOX 45706

City PHILADELPHIA | State PA | Zip Code 19149

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: PA District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4152
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period
500.00

B. Full Name (Last, First, Middle Initial)
A LOT OF PEOPLE FOR OBEY

Mailing Address PO BOX 1322

City WAUSAU | State WI | Zip Code 54402

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: WI District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4180
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

C. Full Name (Last, First, Middle Initial)
A LOT OF PEOPLE SUPPORTING TOM DASCHLE

Mailing Address 2701 S MINNESOTA AVE #7

City SIOUX FALLS | State SD | Zip Code 57105

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: House / X Senate / President

State: SD District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4184
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

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)

21b	22	X 23	24	25	26
27	28a	28b	28c	29	30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): ARLEN SPECTER
Mailing Address: 600 N 2ND ST. #400
City: HARRISBURG State: PA Zip Code: 17101
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: PA District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4146
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): BEN CARDIN FOR CONGRESS
Mailing Address: 711 W 40TH ST #330
City: BALTIMORE State: MD Zip Code: 21211
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: MD District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4186
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): BILIRAKIS FOR CONGRESS
Mailing Address: PO BOX 1077
City: TARPON SPRINGS State: FL Zip Code: 34688
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: FL District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4172
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial)
INC BUSH-CHENEY '04

Mailing Address

City | State | Zip Code

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4243
Date of Disbursement
07 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

B.
Full Name (Last, First, Middle Initial)
CAMPAIGN FOR CONGRESSMAN DINGELL

Mailing Address 19855 WEST OUTER DR. #103 E

City: DEARBORN | State: MI | Zip Code: 48124

Purpose of Disbursement
Re-election

Candidate Name
THE JUDD GREGG COMMITTEE

Category/ Type

Office Sought: X House / Senate / President
State: MI District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4135
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
500.00

C.
Full Name (Last, First, Middle Initial)
CAMPAIGN FOR DAN INOUYE

Mailing Address PO BOX 1196

City: HONOLULU | State: HI | Zip Code: 96807

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: HI District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4182
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial)
CAMPAIGN FOR DIANA DEGETTE

Mailing Address 770 GRANT ST #238

City: DENVER | State: CO | Zip Code: 80206

Purpose of Disbursement: RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: CO District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4156
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
CAMP FOR CONGRESS

Mailing Address PO BOX 423

City: MIDLAND | State: MI | Zip Code: 48640

Purpose of Disbursement: RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: MI District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4186
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
COMMITTEE TO RE-ELECT TOWNS

Mailing Address 438 LEWIS AVE

City: BROOKLYN | State: NY | Zip Code: 11233

Purpose of Disbursement: RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: NY District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4154
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address PO BOX 1444

City ENNIS State TN Zip Code 75120

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: TX District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4211
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
500.00

B.
Full Name (Last, First, Middle Initial)
CONGRESSMAN YOUNG CAMPAIGN

Mailing Address PO BOX 1439

City ST PETERSBURG State FL Zip Code 33731

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: FL District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4207
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
500.00

C.
Full Name (Last, First, Middle Initial)
CRANE FOR CONGRESS

Mailing Address 220 S. MAIN ST

City WAUCONDA State IL Zip Code 60084

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: IL District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4174
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): EVAN BAYH COMMITTEE
Mailing Address: 1 NORTH CAPITOL #200
City: INDIANAPOLIS State: IN Zip Code: 46204
Purpose of Disbursement: re-election
Candidate Name
Category/Type
Office Sought: House / X Senate / President / State: IN District
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4223
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): FRIENDS FOR JIM MCDERMOTT
Mailing Address: PO BOX 21768 MAIN STATION
City: SEATTLE State: WA Zip Code: 98111-3766
Purpose of Disbursement: RE-ELECTION
Candidate Name
Category/Type
Office Sought: X House / Senate / President / State: WA District
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4170
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): FRIENDS FOR ROSA DELAURO
Mailing Address: 49 HUNTINGTON ST
City: NEW HAVEN State: CT Zip Code: 06511
Purpose of Disbursement: RE-ELECTION
Candidate Name
Category/Type
Office Sought: X House / Senate / President / State: CT District
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4221
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF BYRON DORGAN

Mailing Address PO BOX 871

City BISMARCK | State ND | Zip Code 58502

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: ND District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4162
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF CONGRESSMAN ISTOOK

Mailing Address 713 BROADWAY

City OKLAHAHOMA | State OK | Zip Code 73102

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: OK District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4196
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period
500.00

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN MCCAIN

Mailing Address PO BOX 10443

City PHOENIX | State AZ | Zip Code 85064

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4158
Date of Disbursement 09 / 29 / 2004

Amount of Each Disbursement this Period
500.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN PETERSON

Mailing Address PO BOX 295

City: PLEASANTVILLE
State: PA
Zip Code: 16341

Purpose of Disbursement: RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: PA District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4184
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPS

Mailing Address PO BOX 23940

City: SANTA BARBARA
State: CA
Zip Code: 03121

Purpose of Disbursement: RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4194
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF PATRICK KENNEDY

Mailing Address 400 C ST NE #201

City: WASHINGTON
State: DC
Zip Code: 20002

Purpose of Disbursement: RE-ELECTION

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: DC District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4188
Date of Disbursement: 09 / 29 / 2004

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): FRIENDS OF SHERROD BROWN
Mailing Address: PO BOX 141
City: LORAIN State: OH Zip Code: 44052
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: OH District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4227
Date of Disbursement: 09/29/2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): GRASSELY COMMITTEE
Mailing Address: 5327 HOLMES RUN PKY
City: ALEXANDRIA State: VA Zip Code: 22304
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: VA District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4219
Date of Disbursement: 09/29/2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): HENRY WAXMAN CAMPAIGN COMMITTEE
Mailing Address: 6380 WHILSHIRE BLVD
City: LOS ANGELES State: CA Zip Code: 90048
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: CA District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4215
Date of Disbursement: 09/29/2004
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): HOYER FOR CONGRESS
Mailing Address: 7905 MALCOLM RD. #102
City: CLINTON State: MD Zip Code: 20735
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: MD District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4168
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): INEZ TENENBAUM FOR US SENATE
Mailing Address: PO BOX 11554
City: COLUMBIA State: SC Zip Code: 29211
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: SC District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4148
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): JOHN BIKIS
Mailing Address: 733 42ND ST NW
City: CANTON State: OH Zip Code: 44709
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: OH District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4205
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial)
INC JOHN KERRY FOR PRESIDENT

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.4244
Date of Disbursement
07 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

B.
Full Name (Last, First, Middle Initial)
JOHN OLVER

Mailing Address PO BOX 819

City: AMHERST | State: MA | Zip Code: 01004

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: MA District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4144
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
500.00

C.
Full Name (Last, First, Middle Initial)
JOHNSON FOR CONGRESS

Mailing Address PO BOX 1986

City: NEW BRITAIN | State: CT | Zip Code: 06050

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: CT District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4213
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
500.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): LISA MURKOWSKI FOR US SENATE
Mailing Address: PO BOX 100847
City: ANCHORAGE State: AK Zip Code: 99510
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: AK District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4190
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): MARKEY COMMITTEE
Mailing Address: PO BOX 526
City: MEDFORD State: MA Zip Code: 02155
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: MA District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4201
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): MIKULSKI FOR SENATE
Mailing Address: PO BOX 13147
City: BALTIMORE State: MD Zip Code: 21203
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: MD District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4192
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): NITA LOWEY FOR CONGRESS
Mailing Address: PO BOX 271
City: WHITE PLAINS State: NY Zip Code: 10605
Purpose of Disbursement: RE-ELECTION
Candidate Name: TED STRICKLAND FOR CONGRESS
Category/Type
Office Sought: X House / Senate / President
State: NY District
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4141
Date of Disbursement: 09/29/2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): NORWOOD FOR CONGRESS
Mailing Address: PO BOX 499
City: EVANS State: GA Zip Code: 30809
Purpose of Disbursement: RE-ELECTION
Candidate Name
Category/Type
Office Sought: X House / Senate / President
State: GA District
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4209
Date of Disbursement: 09/29/2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): NORWOOD FOR CONGRESS COMMITTEE
Mailing Address: PO BOX 499
City: EVANS State: GA Zip Code: 30809
Purpose of Disbursement: RE-ELECTION
Candidate Name
Category/Type
Office Sought: X House / Senate / President
State: GA District
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4229
Date of Disbursement: 08/12/2004
Amount of Each Disbursement this Period: 1000.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): NUSSLE FOR CONGRESS
Mailing Address: 1019 MOUND ST. #102
City: DAVENPORT State: ID Zip Code: 52801
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: ID District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4225
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): PEOPLE FOR ENGLISH
Mailing Address: PO BOX 940
City: ERIE State: PA Zip Code: 16507
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: PA District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4150
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): PETE STARK RE-ELECTION CAMPAIGN
Mailing Address: PO BOX 8331
City: FREMONT State: CA Zip Code: 94537
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: CA District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4203
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): POMEROY FOR CONGRESS
Mailing Address: PO BOX 746
City: BISMARCK State: ND Zip Code: 58502
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: ND District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4178
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): RANGEL FOR CONGRESS
Mailing Address: PO BOX 5577
City: NEW YORK State: NY Zip Code: 10027
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: NY District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4180
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): TED STRICKLAND FOR CONGRESS
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4139
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A.
Full Name (Last, First, Middle Initial): TEXANS FOR HENRY BONILLA
Mailing Address: PO BOX 17292
City: SAN ANTONIO State: TN Zip Code: 78217
Purpose of Disbursement: RE-ELECTION
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: TN District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4217
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): THE JUDD GREGG COMMITTEE
Mailing Address: PO BOX 1812
City: CONCORD State: NH Zip Code: 03302
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: NH District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB23.4246
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): WILSON FOR CONGRESS
Mailing Address: PO BOX 14070
City: ALBUQUERQUE State: NM Zip Code: 87191
Purpose of Disbursement: RE-ELECTION
Candidate Name: HOYER FOR CONGRESS
Category/Type:
Office Sought: X House / Senate / President
State: NM District:
Disbursement For: Primary / X General / Other (specify)
Transaction ID: SB23.4198
Date of Disbursement: 09 / 29 / 2004
Amount of Each Disbursement this Period: 500.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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 Academy of Nurse Practitioners/Political Action Committee

A. Full Name (Last, First, Middle Initial)
WYDEN FOR STATE

Mailing Address 122 MARYLAND AVE #3B

City: WASHINGTON
State: DC
Zip Code: 20002

Purpose of Disbursement
RE-ELECTION

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: DC District

Disbursement For: Primary / X General / Other (specify)

Transaction ID: SB23.4176
Date of Disbursement
09 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1000.00

TOTAL This Period (last page this line number only) ..... ▶ 30000.00