

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 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 (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of _____

5. Covering Period 10 01 2010 through 11 22 2010

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 ANGELA GOLDEN

Signature of Treasurer Electronically Filed by ANGELA GOLDEN Date 10 23 2010

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. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 182893.06 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 209081.67 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 1551.00 | 27739.61 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 210632.67 | 210632.67 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 17300.00 | 17300.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 193332.67 | 193332.67 | | | | | | | | |
| 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

Write or Type Committee Name

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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) | 0.00 | 4367.11 |
| (ii) Unitemized | 1551.00 | 23372.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 1551.00 | 27739.61 |
| (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) | 1551.00 | 27739.61 |
| 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)) | 1551.00 | 27739.61 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 1551.00 | 27739.61 |

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..... | 17300.00 | 17300.00 |
| 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)).. | 17300.00 | 17300.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17300.00 | 17300.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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 | 1551.00 | 27739.61 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1551.00 | 27739.61 |
| 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 B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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) JASON ALTMIRE | Transaction ID: SB23.4442 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 696 | Amount of Each Disbursement this Period 100.00 |
| | City UTICA State NY Zip Code 13505 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MICHAEL ARCURI | Transaction ID: SB23.4440 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 830 NE HOLLADAY #105 | Amount of Each Disbursement this Period 100.00 |
| | City PORTLAND State OR Zip Code 97232 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) TAMMY BALDWIN | Transaction ID: SB23.4449 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 8508 | Amount of Each Disbursement this Period 100.00 |
| | City UTICA State NY Zip Code 13505 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 300.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) JOE BARTON <hr/> Mailing Address PO BOX 1444 <hr/> City ENNIX State TX Zip Code 75120 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4447 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 400.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) EDDIE BERNICE <hr/> Mailing Address 3102 MAPLE AVE #605 <hr/> City DALLAS State TX Zip Code 75201 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4533 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) EARL BLUMENAUER <hr/> Mailing Address 600 12TH ST <hr/> City CANTON State OH Zip Code 44714 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4457 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 600.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) JOHN BOCCIERI | Transaction ID: SB23.4455 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 22448 | Amount of Each Disbursement this Period 100.00 |
| | City CANTON State OH Zip Code 44702 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MADELEINE BORDALLO | Transaction ID: SB23.4461 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 6220 | Amount of Each Disbursement this Period 100.00 |
| | City DES MOINES State IA Zip Code 50309 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) LEONARD BOSWELL | Transaction ID: SB23.4451 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 2000 | Amount of Each Disbursement this Period 100.00 |
| | City ARLINGTON State VA Zip Code 24212 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) RICK BOUCHER <hr/> Mailing Address PO BOX 2749 <hr/> City MERCED State CA Zip Code 95344 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4453 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) BARBARA BOXER <hr/> Mailing Address PO BOX 93969 <hr/> City LOS ANGELES State CA Zip Code 90093 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4341 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) BOB BRADY <hr/> Mailing Address 12518 CGUKTIB RD <hr/> City PHILADELPHIA State PA Zip Code 19154 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4459 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BRUCE BRALEY

Transaction ID: SB23.4468
Date of Disbursement

Mailing Address PO BOX 390

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

City WATERLOO State IA Zip Code 50704

Amount of Each Disbursement this Period

| |
|--------|
| 100.00 |
|--------|

Purpose of Disbursement
ELECTION CAMPAIGN

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
DAVE CAMP

Transaction ID: SB23.4466
Date of Disbursement

Mailing Address PO BOX 423

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

City MIDLAND State MI Zip Code 48640

Amount of Each Disbursement this Period

| |
|--------|
| 400.00 |
|--------|

Purpose of Disbursement
ELECTION CAMPAIGN

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
LOIS CAPPS

Transaction ID: SB23.4465
Date of Disbursement

Mailing Address PO BOX 23940

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

City SANTA BARBARA State CA Zip Code 93121

Amount of Each Disbursement this Period

| |
|--------|
| 400.00 |
|--------|

Purpose of Disbursement
ELECTION CAMPAIGN

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) DENNIS CARDOZA</p> <p>Mailing Address PO BOX 2749</p> <p>City MERCED State CA Zip Code 95344</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4463</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) CHRIS CARNEY</p> <p>Mailing Address PO BOX A</p> <p>City CLARKS SUMMIT State PA Zip Code 18411</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4472</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) KATHY CASTOR</p> <p>Mailing Address 301 WEST PLATT ST 385</p> <p>City TAMPA State FL Zip Code 33606</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4470</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) BEN CHANDLER | Transaction ID: SB23.4480 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 1010 MONARCH ST SUITE 310 | Amount of Each Disbursement this Period 100.00 |
| | City LEXINGTON State KY Zip Code 40513 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MIKE COFFMAN | Transaction ID: SB23.4478 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 5950 S WUKKIW DR #306 | Amount of Each Disbursement this Period 100.00 |
| | City GREENWOOD VILLAGE State CO Zip Code 80111 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) STEVE COHEN | Transaction ID: SB23.4476 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 349 KENILWORTH PLACE | Amount of Each Disbursement this Period 100.00 |
| | City MEMPHIS State TN Zip Code 38112 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 300.00 |
| 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 13 / 44

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) GERRY CONNOLLY <hr/> Mailing Address PO BOX 563 <hr/> City MERRIFIELD State VA Zip Code 22116 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4474 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) JOE COURTNEY <hr/> Mailing Address PO BOX 1372 <hr/> City VERBAB State CT Zip Code 06066 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4482 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) MARK CRITZ <hr/> Mailing Address 647 MAIN ST SUITE 110 <hr/> City JOHNSTOWN State PA Zip Code 15901 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4484 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) HENRY CUELLAR | Transaction ID: SB23.4490 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 6147 | Amount of Each Disbursement this Period 100.00 |
| | City LAREDO State TX Zip Code 78042 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER | Transaction ID: SB23.4324 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 1045 | Amount of Each Disbursement this Period 100.00 |
| | City ERIE State PA Zip Code 16512 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PETER DEFAZIO | Transaction ID: SB23.4487 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 1316 | Amount of Each Disbursement this Period 100.00 |
| | City SPRINGFIELD State OH Zip Code 97477 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 300.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | | |
|-----------|--|--|--------|
| A. | Full Name (Last, First, Middle Initial) ROSA DELAURO | Transaction ID: SB23.4486 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address 12 TRUMBALL ST | | |
| | City NEW HAVEN State CT Zip Code 06511 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| B. | Full Name (Last, First, Middle Initial) CHARLIE DENT | Transaction ID: SB23.4492 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address 3320 HAMILTON BLVD | | |
| | City ALLENTOWN State PA Zip Code 18104 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| C. | Full Name (Last, First, Middle Initial) MIKE DOYLE | Transaction ID: SB23.4494 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address PO BOX 17426 | | |
| | City PITTSBURGH State PA Zip Code 15225 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) | 300.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) BOB ETHERIDGE</p> <p>Mailing Address PO BOX 2800</p> <p>City RALEIGH State NC Zip Code 27611</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4502</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) SAM FARR</p> <p>Mailing Address PO BOX 122</p> <p>City MONTERREY State CA Zip Code 93942</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4500</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) CHAKA FATTAH</p> <p>Mailing Address PO BOX 30743</p> <p>City PHILADELPHIA State PA Zip Code 19104</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4498</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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 17 / 44

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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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | | |
|-----------|--|--|--------|
| A. | Full Name (Last, First, Middle Initial) BARNEY FRANK | Transaction ID: SB23.4496 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address PO BOX 260 | | |
| | City NEWTON State MA Zip Code 06260 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| B. | Full Name (Last, First, Middle Initial) JOHN GARAMENDI | Transaction ID: SB23.4504 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address PO BOX 440 | | |
| | City WALNUT GROVE State CA Zip Code 95690 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| C. | Full Name (Last, First, Middle Initial) JIM GERLACH | Transaction ID: SB23.4506 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address PO BOX 87 | | |
| | City LEWCHLAND State PA Zip Code 19480 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) | 300.00 |
| 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 18 / 44

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CHARLES GONZALEZ

Transaction ID: SB23.4512
Date of Disbursement

Mailing Address PO BOX 2612

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

City State Zip Code
SAN ANTONIO TX 77060

Amount of Each Disbursement this Period

Purpose of Disbursement
ELECTION CAMPAIGN

| |
|-------------------|
| Category/ Type |
|-------------------|

| |
|--------|
| 100.00 |
|--------|

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
GENE GREEN

Transaction ID: SB23.4514
Date of Disbursement

Mailing Address 256 N SAM HOUSTON PKWY E

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

City State Zip Code
HOUSTON TX 77060

Amount of Each Disbursement this Period

Purpose of Disbursement
ELECTION CAMPAIGN

| |
|-------------------|
| Category/ Type |
|-------------------|

| |
|--------|
| 100.00 |
|--------|

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
RAUL GRIJALVA

Transaction ID: SB23.4510
Date of Disbursement

Mailing Address 452 S STONE AVE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

City State Zip Code
TUCSON AZ 85701

Amount of Each Disbursement this Period

Purpose of Disbursement
ELECTION CAMPAIGN

| |
|-------------------|
| Category/ Type |
|-------------------|

| |
|--------|
| 100.00 |
|--------|

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

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| 300.00 |
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TOTAL This Period (last page this line number only)

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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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | | |
|-----------|--|--|--------|
| A. | Full Name (Last, First, Middle Initial) DEBBIE HALVORSON | Transaction ID: SB23.4508 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address 20 EAST CASS ST | | |
| | City JOLIET State IL Zip Code 60432 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| B. | Full Name (Last, First, Middle Initial) JANE HAMAN | Transaction ID: SB23.4516 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address PO BOX 96 | | |
| | City TORRANCE State CA Zip Code 90507 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| C. | Full Name (Last, First, Middle Initial) PHIL HARE | Transaction ID: SB23.4518 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address 224 18TH ST #303 PO BOX 4183 | | |
| | City ROCK ISLAND State IL Zip Code 61204 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 300.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) ALCEE HASTINGS</p> <p>Mailing Address 14 ARROW ST #11</p> <p>City CAMBRIDGE State MA Zip Code 02138</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4525</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) MARTIN HEINRICH</p> <p>Mailing Address 2118 CENTRAL AVE SE #71</p> <p>City ALBUQUERQUE State NM Zip Code 87106</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4523</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) JIM HINES</p> <p>Mailing Address 857 POST RD 312</p> <p>City FAIRFIELD State CT Zip Code 06824</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4521</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) TIM HOLDEN | Transaction ID: SB23.4527 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 947 | |
| | City HARRISBURG State PA Zip Code 17108 | Amount of Each Disbursement this Period 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) RUSH HOLT | Transaction ID: SB23.4535 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 782 | |
| | City PENNINGTON State NJ Zip Code 08534 | Amount of Each Disbursement this Period 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) DANIEL INOUY | Transaction ID: SB23.4335 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 1196 | |
| | City HONOLULU State HI Zip Code 96807 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

700.00

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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) EDDIE BERNICE JOHNSON | Transaction ID: SB23.4489 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 3102 MAPLE AVE #605 | Amount of Each Disbursement this Period 100.00 |
| | City DALLAS State TX Zip Code 75201 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) WALTER JONES | Transaction ID: SB23.4531 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 3962 | Amount of Each Disbursement this Period 100.00 |
| | City GREENSVILLE State NC Zip Code 27836 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PAUL KANJORSKI | Transaction ID: SB23.4529 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 126 SOUTH FRANKLIN ST | Amount of Each Disbursement this Period 100.00 |
| | City WILKES-BARRE State PA Zip Code 18701 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MARCY KAPTUR | Transaction ID: SB23.4537 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 899 | Amount of Each Disbursement this Period 100.00 |
| | City TOLEDO State OH Zip Code 43697 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MARY JO KILROY | Transaction ID: SB23.4539 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 2582 | Amount of Each Disbursement this Period 100.00 |
| | City COLUMBUS State OH Zip Code 43216 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) LARRY KISSELL | Transaction ID: SB23.4353 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 106 EAST MAIN ST | Amount of Each Disbursement this Period 100.00 |
| | City BISCOE State NC Zip Code 27209 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 300.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SUZANNE KOSMAS

Mailing Address PO BOX 1547

City NEW SMYRNA BEACH State FL Zip Code 32170

Purpose of Disbursement
ELECTION CAMPAIGN

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4351

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)
LEONARD LANCE

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement
ELECTION CAMPAIGN

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4349

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)
JAMES LANGEVIN

Mailing Address 181 A KNIGHT

City WARWICK State RI Zip Code 02886

Purpose of Disbursement
ELECTION CAMPAIGN

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4347

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) RICK LARSEN | Transaction ID: SB23.4355 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 2232 BROAD WAY #101 | Amount of Each Disbursement this Period 100.00 |
| | City EVERETT State WA Zip Code 98201 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) TOM LATHAM | Transaction ID: SB23.4357 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 413 NORTHWESTERN AVE #101 | Amount of Each Disbursement this Period 100.00 |
| | City AMES State IA Zip Code 50010 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) STEVEN LATOURETTE | Transaction ID: SB23.4365 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 320 KENARDEN DR | Amount of Each Disbursement this Period 100.00 |
| | City HIGHLAND HEIGHTS State OH Zip Code 44143 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 300.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BARBARA LEE

Transaction ID: SB23.4363

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

Mailing Address 1736 FRANKLIN SUITE 530

City OAKLAND State CA Zip Code 94612

Amount of Each Disbursement this Period

| |
|--------|
| 100.00 |
|--------|

Purpose of Disbursement ELECTION CAMPAIGN

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

NITA LOWERY

Transaction ID: SB23.4543

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

Mailing Address PO BOX 271

City WHITE PLAINS State NY Zip Code 10605

Amount of Each Disbursement this Period

| |
|--------|
| 400.00 |
|--------|

Purpose of Disbursement ELECTION CAMPAIGN

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

STEVEN LYNCH

Transaction ID: SB23.4361

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 8 | | 2 | 0 | 1 | 0 |

Mailing Address 105 FARRAQUOT RD

City SOUTH BOSTON State ME Zip Code 02127

Amount of Each Disbursement this Period

| |
|--------|
| 100.00 |
|--------|

Purpose of Disbursement ELECTION CAMPAIGN

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|--------|
| 600.00 |
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TOTAL This Period (last page this line number only)

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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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
EDWARD MARKEY

Mailing Address PO BOX 526

City MEDFORD State MA Zip Code 02155

Purpose of Disbursement
ELECTION CAMPAIGN

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4542

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)
DORIS MATSUI

Mailing Address PO BOX 1738

City SACRAMENTO State CA Zip Code 95812

Purpose of Disbursement
ELECTION CAMPAIGN

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4359

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

100.00

C.

Full Name (Last, First, Middle Initial)
JOHN MCCAIN

Mailing Address PO BOX 10443

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement
ELECTION CAMPAIGN

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4444

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | | |
|-----------|--|--|--------|
| A. | Full Name (Last, First, Middle Initial) CAROLYN MCCARTHY | Transaction ID: SB23.4367 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address 229 BALDWIN RD | | |
| | City HEMPSTEAD State NY Zip Code 11550 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| B. | Full Name (Last, First, Middle Initial) JIM MCDERMOTT | Transaction ID: SB23.4369 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address PO BOX 21786 MAIN STATION | | |
| | City SEATTLE State WA Zip Code 98111 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |
| C. | Full Name (Last, First, Middle Initial) JIM MCGOVERN | Transaction ID: SB23.4377 Date of Disbursement 10 / 28 / 2010 | |
| | Mailing Address 28 MECHANIC ST | | |
| | City WORCHESTER State MA Zip Code 01608 | Amount of Each Disbursement this Period | 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN | | |
| | Candidate Name | Category/Type | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) | 300.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MIKE MCMAHON | Transaction ID: SB23.4375 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 1363 N RAILROAD AVE | Amount of Each Disbursement this Period 100.00 |
| | City STATEN ISLAND State NY Zip Code 10306 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) MIKE MICHAUD | Transaction ID: SB23.4373 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 213 LISTON ST | Amount of Each Disbursement this Period 100.00 |
| | City LEWISTON State ME Zip Code 04240 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) BRAD MILLER | Transaction ID: SB23.4371 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 10032 | Amount of Each Disbursement this Period 100.00 |
| | City RALEIGH State NC Zip Code 27605 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 300.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) DENNIS MILLER | Transaction ID: SB23.4379 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 14631 | |
| | City SHAWNEE MISSION State KS Zip Code 66285 | Amount of Each Disbursement this Period 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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|----|--|--|
| B. | Full Name (Last, First, Middle Initial) GWEN MOORE | Transaction ID: SB23.4381 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 16646 | |
| | City MILWAUKEE State WI Zip Code 53216 | Amount of Each Disbursement this Period 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ELSA MURANO | Transaction ID: SB23.4519 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 677 | |
| | City HONOLULU State HI Zip Code 96809 | Amount of Each Disbursement this Period 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 300.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) LISA MURKOWSKI | Transaction ID: SB23.4445 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 100847 | |
| | City ANCHORAGE State AK Zip Code 99510 | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) CHRIS MURPHY | Transaction ID: SB23.4389 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 127 | |
| | City CHESTIRE State CT Zip Code 06410 | Amount of Each Disbursement this Period 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PATRICK MURPHY | Transaction ID: SB23.4387 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 8685 | |
| | City LEVITTOWN State PA Zip Code 19058 | Amount of Each Disbursement this Period 100.00 |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 700.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) PATTY MURRAY <hr/> Mailing Address PO BOX 3662 <hr/> City SEATTLE State WA Zip Code 98124 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4339 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) GRACE NAPOLITANO <hr/> Mailing Address 5200 SW 30TH ST <hr/> City DAVENPORT State IA Zip Code 52802 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4385 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) RICHARD NEAL <hr/> Mailing Address PO BOX 718 <hr/> City SPRINGFIELD State MA Zip Code 01101 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4383 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

700.00

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 33 / 44

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

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) ELEANOR NORTON Mailing Address PO BOX 70626 City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement ELECTION CAMPAIGN Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4391 Date of Disbursement 10 / 28 / 2010 Amount of Each Disbursement this Period 100.00 |
| B. | Full Name (Last, First, Middle Initial) JOHN OLVER Mailing Address PO BOX 819 City AMHERST State MA Zip Code 01004 Purpose of Disbursement ELECTION CAMPAIGN Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4541 Date of Disbursement 10 / 28 / 2010 Amount of Each Disbursement this Period 100.00 |
| C. | Full Name (Last, First, Middle Initial) BILL OWENS Mailing Address PO BOX 1575 City PLATTSBURGH State NY Zip Code 12901 Purpose of Disbursement ELECTION CAMPAIGN Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4393 Date of Disbursement 10 / 28 / 2010 Amount of Each Disbursement this Period 100.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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 34 / 44

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

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) NICK PAHALE | Transaction ID: SB23.4403 Date of Disbursement |
| | Mailing Address PO BOX 64 | <input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City BECKLEY State WV Zip Code 25802 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement ELECTION CAMPAIGN | <input type="text" value="100.00"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) PALLONE PALLONE | Transaction ID: SB23.4544 Date of Disbursement |
| | Mailing Address PO BOX 3176 | <input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City LONG BRANCH State NJ Zip Code 07740 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement ELECTION CAMPAIGN | <input type="text" value="100.00"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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|----|--|--|
| C. | Full Name (Last, First, Middle Initial) ED PERLMUTTER | Transaction ID: SB23.4401 Date of Disbursement |
| | Mailing Address 2801 YOUNGFIELD ST SUITE 151 | <input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City GOLDEN State CO Zip Code 80401 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement ELECTION CAMPAIGN | <input type="text" value="100.00"/> |
| | Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="300.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 44

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

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) COLLIN PETERSON</p> <p>Mailing Address PO BOX 265</p> <p>City DETROIT LAKEN State MN Zip Code 56502</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4399</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) CHELLIE PINGREE</p> <p>Mailing Address PO BOX 17613</p> <p>City PORTLAND State ME Zip Code 04112</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4397</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) JOSEPH PITTS</p> <p>Mailing Address 902 COLUMBIA AVE</p> <p>City LANCASTER State PA Zip Code 17603</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4395</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 300.00 |
| 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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) STEVE ROTHMAN | Transaction ID: SB23.4412 Date of Disbursement |
| | Mailing Address PO BOX 744 | <input type="text" value="10"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="28"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="Y"/> <input type="text" value="10"/> <input type="text" value="Y"/> <input type="text" value="10"/> <input type="text" value="Y"/> |
| | City HACKENSACK State NJ Zip Code 07602 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement ELECTION CAMPAIGN | <input type="text" value="100.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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|----|--|---|
| B. | Full Name (Last, First, Middle Initial) LUCILLE ROYBAL-ALLARD | Transaction ID: SB23.4411 Date of Disbursement |
| | Mailing Address PO BOX 582 | <input type="text" value="10"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="28"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="Y"/> <input type="text" value="10"/> <input type="text" value="Y"/> <input type="text" value="10"/> <input type="text" value="Y"/> |
| | City KENSINGTON State MD Zip Code 20895 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement ELECTION CAMPAIGN | <input type="text" value="100.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) JOHN SALAZAR | Transaction ID: SB23.4409 Date of Disbursement |
| | Mailing Address PO BOX 534 | <input type="text" value="10"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="28"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="Y"/> <input type="text" value="10"/> <input type="text" value="Y"/> <input type="text" value="10"/> <input type="text" value="Y"/> |
| | City OYEBKI State CO Zip Code 81002 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement ELECTION CAMPAIGN | <input type="text" value="100.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

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|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="300.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) LINDA SANCHEZ</p> <p>Mailing Address 17904 CRUSADER AVE SUITE 202</p> <p>City LAKEWOOD State AA Zip Code 90715</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4407</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) MARK SCHAUER</p> <p>Mailing Address PO BOX 100</p> <p>City BATTLE CREEK State MI Zip Code 49616</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4416</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) JAN SCHAWKOWSKY</p> <p>Mailing Address PO BOX 5130</p> <p>City EVANSTON State IL Zip Code 60204</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4414</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) KURT SCHRADER</p> <p>Mailing Address 813 7TH ST SUITA 200A</p> <p>City OREGON CITY State OR Zip Code 97045</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4424</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) CHUCK SCHUMER</p> <p>Mailing Address 509 MADISON AVE #1902</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4345</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ</p> <p>Mailing Address 201 LEEDOM ST</p> <p>City JENKINGTOWN State PA Zip Code 19046</p> <p>Purpose of Disbursement ELECTION CAMPAIGN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.4439</p> <p>Date of Disbursement 10 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) JOSE SERRANO | Transaction ID: SB23.4422 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 1231 LAFAYETTE AVE 4TH FLOOR | Amount of Each Disbursement this Period 100.00 |
| | City BRONX State NY Zip Code 10474 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) CAROL SHEA-PORTER | Transaction ID: SB23.4420 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 453 | Amount of Each Disbursement this Period 100.00 |
| | City ROCHESTER State NY Zip Code 03866 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) PETE STARK | Transaction ID: SB23.4327 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 8331 | Amount of Each Disbursement this Period 400.00 |
| | City FREMONT State CA Zip Code 94537 | |
| | Purpose of Disbursement ELECTION CAMPAIGN Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

600.00

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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) MIKE THOMPSON <hr/> Mailing Address PO BOX 10541 <hr/> City NAPA State CA Zip Code 94581 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4418 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Category/ Type |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) TODD TIAHRT <hr/> Mailing Address PO BOX 66680 <hr/> City WASHINGTON State DC Zip Code 20055 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4328 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Category/ Type |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) DINA TITUS <hr/> Mailing Address PO BOX 50614 <hr/> City HENDERSON State NV Zip Code 89016 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4426 Date of Disbursement 10 / 28 / 2010 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Category/ Type |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 300.00 |
| TOTAL This Period (last page this line number only) ▶ | 300.00 |

**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)

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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 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) PAUL TONKO | Transaction ID: SB23.4428 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 90 STATE ST UNIT 604 | Amount of Each Disbursement this Period 100.00 |
| | City ALBANY State NY Zip Code 12207 | |
| | Purpose of Disbursement ELECTION CAMPAIGN | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) CHRIS VAN HOLLEN | Transaction ID: SB23.4330 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address 10605 CONCORD ST #202 | Amount of Each Disbursement this Period 100.00 |
| | City KENSINGTON State MD Zip Code 20895 | |
| | Purpose of Disbursement ELECTION CAMPAIGN | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) GREG WALDEN | Transaction ID: SB23.4433 Date of Disbursement 10 / 28 / 2010 |
| | Mailing Address PO BOX 109 | Amount of Each Disbursement this Period 100.00 |
| | City HOOD RIVER State OR Zip Code 97031 | |
| | Purpose of Disbursement ELECTION CAMPAIGN | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 300.00 |
| 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 43 / 44

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) HENRY WAXMAN <hr/> Mailing Address 6380 WILSHIRE BLVD #1612 <hr/> City LOS ANGELES State CA Zip Code 90048 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4332 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) PETER WELSH <hr/> Mailing Address PO BOX 1682 <hr/> City BURLINGTON State UT Zip Code 05402 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4431 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) LYNN WOOLSEY <hr/> Mailing Address PO BOX 750176 <hr/> City PETALUMA State CA Zip Code 94975 <hr/> Purpose of Disbursement ELECTION CAMPAIGN Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4430 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 100.00 |
| | Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

