PAGE 1 / 8

Image# 12952636241

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL OX	or Other Than An At	itnorizea Committe	ee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
American College of Nu	ırse Practitioners F	Political Action Co	mmittee		
ADDRESS (number and street)	225 Reinekers Lane				
Check if different	Suite 525				
than previously reported. (ACC)	Alexandria			VA _	22314
2. FEC IDENTIFICATION NU	MBER ▼ C	CITY A		STATE A	ZIP CODE ▲
C C00382440	3.		NEW N) <b>OR</b>	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	L M	ar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		pr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1 July 15	(c) 12-Day PRE-Election	Primary (12P	)	General (	12G) Runoff (12R)
Quarterly Report (Q2 October 15	Report for the:	Convention (	12C)	Special (	12S)
Quarterly Report (Q3	3)	M = M /	D   D /	Y Y Y	in the
January 31 Year-End Report (YE	Elec	tion on			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (300	a)	Runoff (3	OR) Special (30S)
Termination Report (TER)	·	ation on	D = D /	Y	in the State of
5. Covering Period 07	/ DID / Y Y 2012		07_	31	2012
I certify that I have examined this	Report and to the best	of my knowledge and b	pelief it is tru	ue, correct and	I complete.
Type or Print Name of Treasurer	Wade S Williams				
Signature of Treasurer Wade	S Williams	[Electronically	Filed]	Date 08	/ D D / Y Y Y Y Y Y 2012
NOTE: Submission of false, errone	ous, or incomplete informat	tion may subject the pers	son signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

the Committee (Itemize all on

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D) .....

Schedule C and/or Schedule D) .....

#### American College of Nurse Practitioners Political Action Committee

2012 07 2012 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 66899.87 January 1, 2012 (b) Cash on Hand at 60271.45 Beginning of Reporting Period..... 8627.00 412.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 60683.45 75526.87 6(a) and 6(c) for Column B)..... 3538.33 18381.75 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 57145.12 57145.12 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO

X

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

#### For further information contact:

0.00

0.00

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

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

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

# American College of Nurse Practitioners Political Action Committee

R	eport Covering the Period: From: 07		07 31 2012
	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)	92.00	4146.00
	(ii) Unitemized(iii) TOTAL (add	320.00	4481.00
	Lines 11(a)(i) and (ii)▶	412.00	8627.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5) ▶	412.00	8627.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	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 Transfers (add 18(a) and 18(b))	0.00	0.00
10	Total Pagaints (add Lines 11/d)		
13.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	412.00	8627.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	412.00	8627.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Allocated 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	38.33	381.75
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	38.33	381.75
2.	Transfers to Affiliated/Other Party	3	301110
2	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	3500.00	18000.00
4.	Independent Expenditures	0.00	0.00
5.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
8.	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
	Others Dielesses are and	000	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated 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
1.	Total Disbursements (add Lines 21(c), 22,		
-	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3538.33	18381.75
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	2522.22	40004.75
	from Line 31)	3538.33	18381.75

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	412.00	8627.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	412.00	8627.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	38.33	381.75
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	38.33	381.75

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

				PAGE	6	OF	8	
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	3	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Nurse Pi	ractitioners Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Deborah Anderson  Mailing Address 2720 COLORADO AVE		Date of Receipt
Mailing Address 2730 COLORADO AVE.		07 04 2012
City LONGVIEW	State Zip Code WA 98632	Transaction ID: 7725244  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer PEACEHEALTH MEDICAL GROUP	Occupation  Nurse Practitioner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial)  3. Susan Apold Giampietro		Date of Receipt
Mailing Address 25 Pamela Lane  City	State Zip Code	07 31 2012
New Rochelle	NY 10804	Transaction ID : 7771651  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer American College of Nurse Practitioner	Occupation  Director, Department of Nursing	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 318.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		92.00
	er only)	92.00

# S 17

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 7 OF 8				
•	Use separate schedule(s)	FOR LINE (check only	I NOMBEN.			
ITEMIZED DISBURSEMENTS	for each category of the	X 21b	22 23 24 25 26			
	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information conied from such Departs and Ctata	manta may not be cold as us					
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or us ne and address of any politic	sed by any persocal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American College of Nurse Practit	ioners Political Actio	n Committe	ee			
Full Name (Last, First, Middle Initial)						
A. Fundraising By Net			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address 1101 Pennsylvania Avenue, NW			07 10 2012			
6th Floor City	State Zip Code					
Washington	DC 20004		Transaction ID: 7725250			
Purpose of Disbursement						
Credit Card Processing Fees		001	Amount of Each Disbursement this Period			
Candidate Name		Category/	0,00			
		Type	31.26			
	ment For:					
Senate	Primary General		Credit Card Processing Fees			
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Data of Diahuraament			
B. Fundraising By Net			Date of Disbursement			
Mailing Address 1101 Pennsylvania Avenue, NW			07 08 2012			
6th Floor			0, 00 2012			
City	State Zip Code		Transaction ID : 7771658			
Washington	DC 20004		Transaction ID . 111 1000			
Purpose of Disbursement Credit Card Processing Fees		in i				
<u></u>		001	Amount of Each Disbursement this Period			
Candidate Name		Category/	7.07			
Office Sought: House Disburse	ment For:	Туре				
Senate Sought.	Primary General		Cradit Card Processing Face			
President	Other (specify)		Credit Card Processing Fees			
State: District:	(-p y) <b>\</b>					
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
			M M / D D / Y Y Y Y			
Mailing Address						
011						
City	State Zip Code					
Purpose of Disbursement						
•			Amount of Each Disbursement this Period			
Candidate Name		Category/	1 3.11 3.1 243.1 2.134.134.134.1 31104			
		Type				
Office Sought: House Disburse	ment For:		, , , , , , , , , , , , , , , , , , , ,			
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
			38.33			
SUBTOTAL of Disbursements This Page (optional)		·····•	30.33			
TOTAL This Period (last nage this line number only	<u> </u>		38.33			

SCHEDULE B (FEC Form 3X)			FOR LINE N	IUMBER: PAGE 8	OF 8
TEMIZED DISBURSEMENTS	Use separate for each cate		(check only		
	Detailed Sum		21b	22 X 23 24 25 28a 28b 28c 29	26
	<u> </u>		27		30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,			
American College of Nurse Practiti	oners Polit	ical Action	Committe	e	
	0110101 0111	100171011011			
Full Name (Last, First, Middle Initial)					
A. Cantor For Congress				Date of Disbursement	
Mailing Address P.O. Box 17813				07 10 2012	Y
The second of th				<u>.</u>	
City		o Code		Transaction ID : 7722440	
Richmond	VA 23	3226		Transaction ib . 1122440	
Purpose of Disbursement Contribution			011	Amount of Each Disbursement this	s Period
Candidate Name					
Rep. Eric Cantor			Category/ Type	25	00.00
Office Sought: House Disburser	ment For: 2012	<u> </u>			
Senate	- /	<b>G</b> eneral		Contribution	
State: VA District: 07	Other (specify)	▼			
Full Name (Last, First, Middle Initial)					
B. Hall For Congress Committee (Ral	nh Hall - R	ockwall Te	exae)	Date of Disbursement	
Tidii i oi congress committee (ital	pirrian ix	ookwan, re	JAGO)	M M / D D / Y Y Y	Y
Mailing Address Post Office Box 711				07 10 2012	
O:4	2:	- O-d-			
City Rockwall		o Code 5087		Transaction ID: 7722441	
Purpose of Disbursement					
Contribution			011	Amount of Each Disbursement this	s Period
Candidate Name					
Pan Palnh Hall			Category/	10	00.00
Rep. Ralph Hall  Office Sought: House Disburser	nent For: 2012		Type	10	00.00
	ment For: 2012	2			00.00
Office Sought: House Disburser		2 General		Contribution	00.00
Office Sought: House Disburser Senate	Primary	2 General			00.00
Office Sought:    House   Disburser	Primary	2 General		Contribution	00.00
Office Sought:  House Senate President State: TX District: 04	Primary	2 General		Contribution  Date of Disbursement	
Office Sought:    House   Disburser	Primary	2 General		Contribution	
Office Sought:    House   Disburser	Primary	2 General		Contribution  Date of Disbursement	
Office Sought:  House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial)  C.  Mailing Address	Primary Souther (specify)	2 General		Contribution  Date of Disbursement	
Office Sought:  House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City	Primary Souther (specify)	g General ▼		Contribution  Date of Disbursement	
Office Sought:  House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial)  Mailing Address	Primary Souther (specify)	g General ▼		Contribution  Date of Disbursement	Y
Office Sought:  House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City	Primary Souther (specify)	General  Code	Type	Contribution  Date of Disbursement	Y
Office Sought:  House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name	Primary Souther (specify)	General  Code		Contribution  Date of Disbursement	Y
Office Sought:  House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Disburser	Primary \( \sum_{\text{Other (specify)}} \)  State \( Zi_{\text{position}} \)	General  Code	Type Category/	Contribution  Date of Disbursement  M M / D D / Y Y Y  Amount of Each Disbursement this	Y
Office Sought:  House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Disburser	Primary \( \sum_{\text{Other (specify)}} \)  State \( Zip_{\text{ment For:}} \)  Primary	General  General	Type Category/	Contribution  Date of Disbursement  M M / D D / Y Y Y  Amount of Each Disbursement this	Y
Office Sought:  House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President  Disburser	Primary \( \sum_{\text{Other (specify)}} \)  State \( Zi_{\text{position}} \)	General  General	Type Category/	Contribution  Date of Disbursement  M M / D D / Y Y Y  Amount of Each Disbursement this	Y
Office Sought:  House Senate President State: TX District: 04  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Disburser	Primary \( \sum_{\text{Other (specify)}} \)  State \( Zip_{\text{ment For:}} \)  Primary	General  General	Type Category/	Contribution  Date of Disbursement  M M / D D / Y Y Y  Amount of Each Disbursement this	Y
Office Sought:    House   Senate   President	Primary \( \sum_{\text{Other (specify)}} \)  State \( Zi_{\text{Interpolation}} \)  ment For:  Primary \( \sum_{\text{Other (specify)}} \)	General  General	Type Category/ Type	Contribution  Date of Disbursement  M M / D D / Y Y Y Y  Amount of Each Disbursement this	Y
Office Sought:    House   Senate   President	Primary \( \sum_{\text{Other (specify)}} \)  State \( Zi_{\text{Interpolation}} \)  ment For:  Primary \( \sum_{\text{Other (specify)}} \)	General  General	Type Category/ Type	Contribution  Date of Disbursement  M M / D D / Y Y Y  Amount of Each Disbursement this	s Period