24038562287

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

1 NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12TR4MS

AMERICAN ACADEMY OF NURSE PRACTITIONERS
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ P.O. BOX 40473

Check if different than previously reported. (ACC)

WASHINGTON | D.C. | 20016-

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00358903

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

4. TYPE OF REPORT (Choose One)

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

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

(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 ____ In the State of ____

5. Covering Period 07 01 2004 through 09 30 2004

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

Type or Print Name of Treasurer Diane (Dee) Sweeney

Signature of Treasurer [signature] Date 10 15 2004

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

24038562288

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		97,01032
(b) Cash on Hand at Beginning of Reporting Period	110,09031	
(c) Total Receipts (from Line 19)	6,47300	32,40600
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	116,56331	129,41632
7. Total Disbursements (from Line 31)	30,00000	42,85301
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88,06331	88,06331
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

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

For further information contact:

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

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

24038562289

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

Report Covering the Period: From: 07 01 2004 To: 09 30 2006

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 (see Schedule A)	2,000.00	2,950.00
(ii) Unitemized	6,473.00	29,456.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	8,473.00	32,406.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Receipts, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	8,473.00	32,406.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶		

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2004)

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	30,000.00	30,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b) and (c)) ▶		
29. Other Disbursements	30,000.00	12,853.01
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30,000.00	42,853.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶		

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)	847 3 00	3 2 4 0 6 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8 4 7 3 0 0	3 2 4 0 6 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶		

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER (check only one): PAGE 1 OF 4

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS -PAC

A. Full Name (Last, First, Middle Initial): Beverly Anderson
Mailing Address: 302 Henderson St.
City: Oxford State: NC Zip Code: 27565
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 20000
Date of Receipt: 02 23 2004
Amount of Each Receipt this Period: 10000

B. Full Name (Last, First, Middle Initial): Beverly Anderson
Mailing Address: 302 Henderson St.
City: Oxford State: NC Zip Code: 27565
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 20000
Date of Receipt: 03 12 2004
Amount of Each Receipt this Period: 10000

C. Full Name (Last, First, Middle Initial): Mary Aulisio
Mailing Address: 222 Arundel Rd.
City: Rocky River State: OH Zip Code: 44116
FEC ID number of contributing federal political committee: C
Name of Employer: Univ Hospital of Cleveland
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 20000
Date of Receipt: 01 28 2004
Amount of Each Receipt this Period: 10000

SUBTOTAL of Receipts This Page (optional) ▶

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

FEC Schedule A (Form 3X) Rev. 02/2003

FEVAN045

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 2 OF 4

☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A. Full Name (Last, First, Middle Initial): Paula Atwood
Mailing Address: 332 Lakecrest St.
City: Greenbelt State: MD Zip Code: 20770
FEC ID number of contributing federal political committee: C
Name of Employer: Providence Hospital
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 02 20 2004
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial): Margaret Balacki
Mailing Address: 803 Latchmede Ct., Apt 103
City: Anapolis State: MD Zip Code: 21401
FEC ID number of contributing federal political committee: C
Name of Employer: Lafferman & Assoc
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 03 29 2004
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Val Behnke
Mailing Address: 30129 Raintree Circle
City: New Baltimore State: MI Zip Code: 48047
FEC ID number of contributing federal political committee: C
Name of Employer: Jay Eastman, MD, PC
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 03 12 2004
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 4
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A. Full Name (Last, First, Middle Initial): Terry Bennett
Mailing Address: 117 Bayside Place
City: Grand Del Mar | State: CA | Zip Code: 92625
FEC ID number of contributing federal political committee: C
Name of Employer: E. Berard, MD
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 01 29 2004
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial): Philip Britton
Mailing Address: 5103 Heron Court
City: Coconut Creek | State: FL | Zip Code: 33073
FEC ID number of contributing federal political committee: C
Name of Employer: Nursing Home Dermatology Assoc
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 30 2004
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial): Barbara Rhoads
Mailing Address: 13041 Highland Glenways
City: Jacksonville | State: FL | Zip Code: 32224
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 09 28 2004
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 4 OF 4

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.
Full Name (Last, First, Middle Initial): Kim Ydadan
Mailing Address: 2325 River Rd.
City: Monnequan State: NJ Zip Code: 08736
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 20000
Date of Receipt: 01 20 2004
Amount of Each Receipt this Period: 20000

B.
Full Name (Last, First, Middle Initial): David Zane
Mailing Address: 1917 North 48th St.
City: Seattle State: WA Zip Code: 98103
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 20000
Date of Receipt: 01 20 2004
Amount of Each Receipt this Period: 20000

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date:
Date of Receipt:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶ 20 00000

FEC Schedule A (Form 3X) Rev 06/2003

FEA/AR016

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): The Judd Gregg Committee

Mailing Address: P.O. Box 1812

City: Concord State: NH Zip Code: 03302

Purpose of Disbursement: Re-election

Candidate Name: Judd Gregg

Office Sought: ☐ House ☒ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) Re-election

Category/Type

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 1,00000

B.

Full Name (Last, First, Middle Initial): Campaign for Congressman Dingell

Mailing Address: 19855 West Outer Dr. #103 E

City: Dearborn State: MI Zip Code: 48124

Purpose of Disbursement: Re-election

Candidate Name: Rep. Dingell

Office Sought: ☒ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) Re-election

Category/Type

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500000

C.

Full Name (Last, First, Middle Initial): Ted Strickland for Congress

Mailing Address: PO Box 580

City: Lucasville State: OH Zip Code: 45648

Purpose of Disbursement: Re-election

Candidate Name: Ted Strickland

Office Sought: ☒ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) Re-election

Category/Type

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500000

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 2,000.00

FEC Schedule B (Form 3X) Rev. 02/2003

FEMA/045

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

PAGE 2 OF 17

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NAME OF COMMITTEE (in Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): Nita Lowey for Congress

Mailing Address: PO Box 271

City: White Plains State: NY Zip Code: 10605

Purpose of Disbursement: Re-election

Candidate Name: Nita Lowey

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) Re-election

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 50000

B

Full Name (Last, First, Middle Initial): John Olver

Mailing Address: PO Box 819

City: Amherst State: MA Zip Code: 01004

Purpose of Disbursement: Re-election

Candidate Name: John Olver

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 50000

C.

Full Name (Last, First, Middle Initial): Arlen Specter

Mailing Address: 600 N 2nd St. #400

City: Harrisburg State: PA Zip Code: 17101

Purpose of Disbursement: Re-election

Candidate Name: Arlen Specter

Category/Type:

Office Sought: [ ] House [X] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 50000

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1500-00

FEC Schedule B (Form 3X) Rev. 02/2003

FE44-045

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one) ☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): Inez Tenenbaum for US Senate

Mailing Address: PO Box 11554

City: Columbia State: SC Zip Code: 29211

Purpose of Disbursement: Re-election

Candidate Name: Inez Tenenbaum

Category/Type:

Office Sought: ☐ House ☒ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 1,000.00

B.

Full Name (Last, First, Middle Initial): People for English

Mailing Address: PO Box 1940

City: Erie State: PA Zip Code: 16507

Purpose of Disbursement: Re-election

Candidate Name: Phillip English

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

C.

Full Name (Last, First, Middle Initial): Allyson Schwartz for Congress

Mailing Address: PO Box 45706

City: Philadelphia State: PA Zip Code: 19149

Purpose of Disbursement: Re-election

Candidate Name: Allyson Schwartz

Category/Type:

Office Sought: ☐ House ☐ Senate ☒ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 2,000.00

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

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A. Full Name (Last, First, Middle Initial)
Committee to RE-Elect Towns

Date of Disbursement: 09 29 2004

Mailing Address: 438 Lewis Ave.
City: Brooklyn State: NY Zip Code: 11233

Purpose of Disbursement: Re-election
Candidate Name: Charles Towns
Category/Type:
Office Sought: [X] House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Campaign for Diana DeGette

Date of Disbursement: 09 29 2004

Mailing Address: 770 Grant St. #238
City: Denver State: CO Zip Code: 80208

Purpose of Disbursement: Re-election
Candidate Name: Diana DeGette
Category/Type:
Office Sought: [X] House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Friends of John McCain

Date of Disbursement: 09 29 2004

Mailing Address: PO Box 10443
City: Phoenix State: AZ Zip Code: 85064

Purpose of Disbursement: Re-election
Candidate Name: John McCain
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1,500.00

FE44H045

24038562300

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one) 21b, 22, 23, 24, 25, 26, 27, 23a, 23b, 26b, 27b, 28a, 28b, 28c

PAGES 9 OF 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.
Full Name (Last, First, Middle Initial): Rangel for Congress
Mailing Address: PO Box 5577
City: New York State: NY Zip Code: 10027
Purpose of Disbursement: Re-election
Candidate Name: Charles Rangel
Office Sought: [X] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 09 29 2004
Amount of Each Disbursement this Period: 5,000.00

B.
Full Name (Last, First, Middle Initial): Friends of Byron Dorgan
Mailing Address: PO Box 871
City: Bismarck State: ND Zip Code: 58502
Purpose of Disbursement: Re-election
Candidate Name: Byron Dorgan
Office Sought: [X] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 09 29 2004
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): A Lot of People Supporting Tom Daschle
Mailing Address: 2701 S. Minnesota Ave #7
City: Sioux Falls State: SD Zip Code: 57105
Purpose of Disbursement: Re-election
Candidate Name: Tom Daschle
Office Sought: [X] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Category/Type:
Date of Disbursement: 09 29 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶ 2500.00

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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): 20b, 22, 23, 24, 25, 26, 27, 28a, 28b, 29a, 29b, 30b

PAGE 6 OF 15

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NAME OF COMMITTEE (In Full): AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): Camp for Congress

Mailing Address: PO Box 423

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

Purpose of Disbursement: Re-election

Candidate Name: Dave Camp

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement This Period: 500.00

B.

Full Name (Last, First, Middle Initial): Hoyer for Congress

Mailing Address: 7905 Malcolm Rd. #102

City: Clinton | State: MD | Zip Code: 20735

Purpose of Disbursement: Re-election

Candidate Name: Steny Hoyer

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement This Period: 500.00

C.

Full Name (Last, First, Middle Initial): Friends for Jim McDermott

Mailing Address: PO Box 21768, Main Station

City: Seattle | State: WA | Zip Code: 98111-3786

Purpose of Disbursement: Re-election

Candidate Name: Jim McDermott

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement This Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1,500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one) 21b 22 23 24 25 26 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): Bilirakis for Congress

Mailing Address: PO Box 1077

City: Tarpon Springs | State: FL | Zip Code: 34688

Purpose of Disbursement: Re-election

Candidate Name: Mike Bilirakis

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

B.

Full Name (Last, First, Middle Initial): Crane for Congress

Mailing Address: 220 S. Main St.

City: Wauconda | State: IL | Zip Code: 60084

Purpose of Disbursement: Re-election

Candidate Name: Phillip Crane

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

C.

Full Name (Last, First, Middle Initial): Wyden for Senate

Mailing Address: 122 Maryland Ave NE

City: Washington | State: DC | Zip Code: 20002

Purpose of Disbursement: Re-election

Candidate Name: Ron Wyden

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 2,000.00

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

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NAME OF COMMITTEE (in Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): Pomeroy for Congress
Mailing Address: PO Box 746
City: Bismarck State: ND Zip Code: 58502
Purpose of Disbursement: Re-election
Candidate Name: Earl Pomeroyn
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 29 2004
Amount of Each Disbursement this Period: 500.00

B.

Full Name (Last, First, Middle Initial): A lot of People for Obey
Mailing Address: PO Box 1322
City: Wausau State: WI Zip Code: 54402
Purpose of Disbursement: Re-election
Candidate Name: David Obey
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 29 2004
Amount of Each Disbursement this Period: 500.00

C.

Full Name (Last, First, Middle Initial): Campaign for Dan Inouye
Mailing Address: PO Box 1196
City: Honolulu State: HI Zip Code: 96807
Purpose of Disbursement: Re-election
Candidate Name: Dan Inouye
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 29 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 2,000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one) ☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 9 OF 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.
Full Name (Last, First, Middle Initial): Friends of John Peterson
Date of Disbursement: 09 29 2004
Mailing Address: PO Box 295
City: Pleasantville State: PA Zip Code: 16341
Purpose of Disbursement: Re-election
Category/Type:
Amount of Each Disbursement this Period: 500.00
Candidate Name: John Peterson
Office Sought: ☒ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

B.
Full Name (Last, First, Middle Initial): Ben Cardin for Congress
Date of Disbursement: 09 29 2004
Mailing Address: 711 W 40th St. #330
City: Baltimore State: MD Zip Code: 21211
Purpose of Disbursement: Re-election
Category/Type:
Amount of Each Disbursement this Period: 500.00
Candidate Name: Ben Cardin
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

C.
Full Name (Last, First, Middle Initial): Friends of Patrick Kennedy
Date of Disbursement: 09 29 2004
Mailing Address: 400 C St., NE #201
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Re-election
Category/Type:
Amount of Each Disbursement this Period: 500.00
Candidate Name: Patrick Kennedy
Office Sought: ☒ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional): ▶

TOTAL This Period (last page this line number only): ▶ 1500.00

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

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS -- PAC

A.
Full Name (Last, First, Middle Initial): Lisa Murkowski for US Senate
Date of Disbursement: 09 29 2004
Mailing Address: PO Box 100847
City: Anchorage State: AK Zip Code: 99510
Purpose of Disbursement: Re-election
Candidate Name: Lisa Murkowski
Category/Type
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): Mikulski for Senate
Date of Disbursement: 09 29 2004
Mailing Address: PO Box 13147
City: Baltimore State: MD Zip Code: 21203
Purpose of Disbursement: Re-election
Candidate Name: Barbara Mikulski
Category/Type
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): Friends of Lois Capps
Date of Disbursement: 09 29 2004
Mailing Address: PO Box 23940
City: Santa Barbara State: CA Zip Code: 93121
Purpose of Disbursement: Re-election
Candidate Name: Lois Capps
Category/Type
Office Sought: ☒ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶
TOTAL This Period (last page this line number only) ▶ 2,500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER (check only one): 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

PAGE 11 OF 17

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NAME OF COMMITTEE (In Full): AMERICAN ACADEMY OF NURSE PRACTITIONERS – PAC

A.

Full Name (Last, First, Middle Initial): Friends of Congressman Istook

Date of Disbursement: 09 29 2004

Mailing Address: 719 Broadway

City: Oklahoma State: OK Zip Code: 73102

Purpose of Disbursement: Re-election

Candidate Name: Ernest Istook

Category/Type:

Amount of Each Disbursement this Period: 500.00

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

B.

Full Name (Last, First, Middle Initial): Wilson for Congress

Date of Disbursement: 09 29 2004

Mailing Address: PO Box 14070

City: Albuquerque State: NM Zip Code: 87191

Purpose of Disbursement: Re-election

Candidate Name: Heather Wilson

Category/Type:

Amount of Each Disbursement this Period: 500.00

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C.

Full Name (Last, First, Middle Initial): Markey Committee

Date of Disbursement: 09 29 2004

Mailing Address: PO Box 526

City: Medford State: MA Zip Code: 02155

Purpose of Disbursement: Re-election

Candidate Name: Edward Markey

Category/Type:

Amount of Each Disbursement this Period: 500.00

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER (check only one): 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30a

PAGE 12 OF 17

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NAME OF COMMITTEE (in Full): AMERICAN ACADEMY OF NURSE PRACTITIONERS -- PAC

A.

Full Name (Last, First, Middle Initial): Pete Stark Re-Election Campaign

Mailing Address: PO Box 8331

City: Fremont | State: CA | Zip Code: 94537

Purpose of Disbursement: Re-election

Candidate Name: Pete Stark

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

B.

Full Name (Last, First, Middle Initial): John Bikis, Treasurer

Mailing Address: 733 42nd St NW

City: Canton | State: OH | Zip Code: 44709

Purpose of Disbursement: Re-election

Candidate Name: Ralph Regula

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

C.

Full Name (Last, First, Middle Initial): Congressman Young Campaign

Mailing Address: PO Box 1439

City: St Petersburg | State: FL | Zip Code: 33731

Purpose of Disbursement: Re-election

Candidate Name: Bill Young

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER (check only one): 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 29a, 29, 30b

PAGE 13 OF 17

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NAME OF COMMITTEE (In Full): AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): Norwood for Congress

Mailing Address: PO Box 499

City: Evans State: GA Zip Code: 30809

Purpose of Disbursement: Re-election

Candidate Name: Charles Norwood

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

B.

Full Name (Last, First, Middle Initial): Congressman Joe Barton Committee

Mailing Address: PO Box 1444

City: Ennis State: TX Zip Code: 75120

Purpose of Disbursement: Re-election

Candidate Name: Joe Barton

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

C.

Full Name (Last, First, Middle Initial): Johnson for Congress

Mailing Address: PO Box 1986

City: New Britain State: CT Zip Code: 06050

Purpose of Disbursement: Re-election

Candidate Name: Nancy Johnson

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1,500.00

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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): 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30(b)

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): Henry Waxman Campaign Committee

Mailing Address: 6380 Whilshire Blvd.

City: Los Angeles | State: CA | Zip Code: 90048

Purpose of Disbursement: Re-election

Candidate Name: Henry Waxman

Office Sought: X House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type:

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

B.

Full Name (Last, First, Middle Initial): Texans for Henry Bonilla

Mailing Address: PO Box 17292

City: San Antonio, | State: TX | Zip Code: 78217

Purpose of Disbursement: Re-election

Candidate Name: Henry Bonilla

Office Sought: X House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type:

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

C.

Full Name (Last, First, Middle Initial): Grassely Committee

Mailing Address: 3327 Holmes Run Pky

City: Alexandria | State: VA | Zip Code: 22304

Purpose of Disbursement: Re-election

Candidate Name: Charles Grasseley

Office Sought: X Senate / House / President

State: District:

Disbursement For: Primary / General / Other (specify)

Category/Type:

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one) 21b 21 22 22a 23 23b 24 24c 25 25a 26 26b

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NAME OF COMMITTEE (in Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): Friends of Rosa DeLauro

Mailing Address: 49 Huntington St.

City: New Haven State: CT Zip Code: 06511

Purpose of Disbursement: Re-election

Candidate Name: Rosa DeLauro

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

B.

Full Name (Last, First, Middle Initial): Evan Bayh Committee

Mailing Address: 1 North Capitol #200

City: Indianapolis State: IN Zip Code: 46204

Purpose of Disbursement: Re-election

Candidate Name: Evan Bayh

Category/Type:

Office Sought: [ ] House [X] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

C.

Full Name (Last, First, Middle Initial): Nussle for Congress

Mailing Address: 1019 Mound St. #102

City: Davenport State: IA Zip Code: 52801

Purpose of Disbursement: Re-election

Candidate Name: Jim Nussle

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500 00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1500.00

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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): 21a, 27, 22, 26a, 23, 26b, 24, 28c, 25, 29, 26, 30b

PAGE 16 OF 17

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

NAME OF COMMITTEE (In Full): AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): Friends of Sherrod Brown

Mailing Address: P.O Box 141

City: Lorain | State: OH | Zip Code: 44052

Purpose of Disbursement: Re-election

Candidate Name: Sherrod Brown

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 29 2004

Amount of Each Disbursement this Period: 500.00

B.

Full Name (Last, First, Middle Initial): Norwood for Congress Committee

Mailing Address: PO Box 499

City: Evans | State: GA | Zip Code: 30809

Purpose of Disbursement: Re-election

Candidate Name: Charles Norwood

Category/Type:

Office Sought: [X] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 08 19 2004

Amount of Each Disbursement this Period: 1,000.00

C.

Full Name (Last, First, Middle Initial): Bush-Cheney '04, INC

Mailing Address: PO Box 10648

City: Arlington | State: VA | Zip Code: 22210

Purpose of Disbursement: Re-election

Candidate Name: George W. Bush

Category/Type:

Office Sought: [ ] House [ ] Senate [X] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 11 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 2,500.00

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): 21a, 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF NURSE PRACTITIONERS - PAC

A.

Full Name (Last, First, Middle Initial): John Kerry for President, Inc

Mailing Address: PO Box 77247

City: Washington | State: DC | Zip Code: 20013

Purpose of Disbursement: Re-election

Candidate Name: John Kerry

Category/Type:

Office Sought: [ ] House [ ] Senate [X] President

State: District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 07 11 2004

Amount of Each Disbursement this Period: 1,000.00

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: | State: | Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement:

Amount of Each Disbursement this Period:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: | State: | Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1,000.00

FE-AA0045

24038562313

Federal Election Commission

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PREPARER

10-18-04
DATE PREPARED

(5/2004)